

**CITY OF OAKLAND,  
AGENDA REPORT**

FILED  
OFFICE OF THE CITY CLERK  
OAKLAND

2009 OCT -1 PM 5:09

TO: Office of the City Administrator  
ATTN: Dan Lindheim  
FROM: Oakland Fire Department  
DATE: October 13, 2009  
  
RE: **An Informational Report On The Status of The City's 2009 H1N1 Flu Virus Preparedness Efforts**

---

### **SUMMARY**

This is an informational report to provide the City Council with situational awareness on the current status of the pandemic 2009 H1N1 influenza virus. This report includes background information and the City of Oakland's on-going preparedness and continuity of operations planning (COOP) efforts being coordinated by the Oakland Fire Department, Office of Emergency Services (OES) and the Oakland Fire Department, Emergency Medical Services (EMS) for all City departments.

### **FISCAL IMPACT**

This is an informational report and there is no fiscal impact.

### **BACKGROUND**

2009 H1N1 (previously referred to as "swine flu") is a new influenza virus causing illness in people worldwide. This new virus was first detected in people in the United States in April 2009. This virus is spreading from person-to-person, probably in much the same way that regular seasonal influenza viruses spread. On June 11, 2009, the World Health Organization (WHO) declared that a pandemic of the 2009 H1N1 flu was underway.

Each week the Centers for Disease Control and Prevention (CDC) analyzes information about influenza disease activity in the United States and publishes findings of key flu indicators in a report called FluView that can be accessed online at <http://www.cdc.gov/flu/weekly/>. During the week of September 13-19, 2009, a review of the key indicators found that influenza activity continued to increase in the United States compared to the prior weeks.

As announced by the White House on April 26, 2009, Secretary Janet Napolitano is the national Principal Federal Official (PFO). Secretary Napolitano and the Department of Homeland Security (DHS) have the overall lead for coordinating the federal response to the current swine influenza outbreak in the United States. There are five regional PFO positions and ten (10) deputy PFO's. Each team also includes a Federal Coordinating Official (FCO) from the Federal Emergency Management Agency (FEMA).

Item: \_\_\_\_\_  
Public Safety Committee  
October 13, 2009

The National Pandemic Strategy and Implementation Plan is currently in effect. The Department of Homeland Security is closely coordinating with the Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC).

### **Current update**

The 2009-10 influenza season officially begins on October 4, 2009 in the United States. As of September 20, 2009, there have been more than 300,000 laboratory confirmed cases of pandemic influenza H1N1, and 3917 deaths in 191 countries and territories reported to the World Health Organization (WHO).

During week 37 (September 13-19, 2009), influenza activity increased in the U.S.

- During week 37:
  - 2,326 (23.9%) specimens tested by U.S. World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System (NREVSS) collaborating laboratories and reported to CDC/Influenza Division were positive for influenza.
  - 99% of all subtyped influenza A viruses being reported to CDC were 2009 influenza A (H1N1) viruses.
  - The proportion of deaths attributed to pneumonia and influenza (P&I) was below the epidemic threshold.
  - Three influenza-associated pediatric deaths were reported and all three were associated with 2009 influenza A (H1N1) virus infection.
  - The proportion of outpatient visits for influenza-like illness (ILI) was above the national baseline. Out of ten (10) U.S. Department of Health and Human Services (HHS) Surveillance Regions, Regions 2 through 10 reported ILI above region-specific baseline levels; only Region 1 was below the region-specific baseline.
  - Twenty-six states reported geographically widespread influenza activity. Eleven states reported regional influenza activity, while 12 states, the District of Columbia, and Puerto Rico reported local influenza activity. One state and Guam reported sporadic influenza activity, and the U.S. Virgin Islands did not report.

### **Internationally**

On June 11, 2009, the World Health Organization (WHO) raised the level of influenza A (H1N1) alert to Phase 6. Phase 6, the pandemic phase, is characterized by community level outbreaks in at least one or more countries. Designation of this phase indicates that a global pandemic is underway.

Item: \_\_\_\_\_  
Public Safety Committee  
October 13, 2009

This is the first influenza pandemic in over 40 years: the last was in 1968. Today, the world is better prepared than ever before to address a pandemic. Scientific advances and international cooperation ensure that the health sector can track the progress of the virus, understand its epidemiology, distribute antiviral medicines where they are needed and develop a vaccine.

### *A moderate pandemic*

Based on the information about the virus to date, as well as its impact on countries' health systems and economies, WHO considers the current overall global severity of the pandemic to be moderate. The situation varies between countries and may change over time. Most of the cases in individuals have been mild, with a limited number of severe cases and deaths. In general, health systems and hospitals have been able to cope with the numbers of people seeking care, but even mild cases and the current level of severe cases could significantly affect health systems and society.

The overwhelming majority of people who catch the virus recover without medical attention. Of concern are the limited number of serious cases and deaths that are occurring primarily among young people, including the previously healthy and those with pre-existing medical conditions or pregnancy.

As more and more countries have stopped counting individual cases, particularly of milder illness, the case count is significantly lower than the actual number of cases that have occurred. While the case counts no longer reflect actual disease activity, WHO is actively monitoring the progress of the pandemic through frequent consultations with the WHO Regional Offices and member states and through monitoring of multiple sources of data.

As of September 25, 2009, the Global Influenza Surveillance Network (GISN), which monitors the global circulation of influenza viruses, saw no significant change in the types of influenza circulating around the world. Novel H1N1 is still the predominant virus.

### Nationally

Beginning September 11, 2009, the CDC is reporting data from a new system for monitoring the trend of influenza-related hospitalizations and deaths. This new system replaces the weekly report of laboratory confirmed 2009 H1N1-related hospitalizations and deaths. To allow jurisdictions to implement the new case definition, counts were reset to zero on August 30, 2009. As of September 11, 2009, the CDC reported 196 fatalities nationwide since the start of the new reporting cycle.

Total influenza hospitalization rates (hospitalizations per 100,000 population) for adults and children are similar to or lower than seasonal influenza hospitalization rates depending on age group, but are higher than expected for this time of year.

The proportion of deaths attributed to pneumonia and influenza (P&I) was low and within the bounds of what is expected at this time of year.

## California

During the period September 11-16, 2009, the California Department of Public Health (CDPH) received reports of 206 hospitalized/fatal cases since the identification of the novel H1N1 virus in April 2009. A total of 2012 cases have been hospitalized to date, with 548 requiring intensive care.

CDPH received reports of 15 additional fatal cases from H1N1, bringing the total number of fatal cases to 167 cases in California.

The following are the fatal cases by County and in some cases Cities reporting: Alameda (12), Berkeley City (1), Contra Costa (6), El Dorado (1), Fresno (8), Humboldt (1), Kern (1) – first case, Kings (1) – first case, Long Beach City (2), Los Angeles (30), Marin (4), Merced (1), Monterey (1), Napa (1), Orange (18), Placer (2), Riverside (5), Sacramento (6), San Bernardino (8), San Diego (18), San Francisco (6), San Joaquin (2), San Luis Obispo (1), San Mateo (7), Santa Clara (8), Santa Cruz (1), Solano (2), Sonoma (6), Stanislaus (6), and Yolo (1).

As of September 15, the highest numbers of hospitalized and/or fatal cases with novel H1N1 infections reported in the state have been in the following age groups, in order: 5-18, 50-64, 36-49, 25-35, 19-24, 1-4, less than 1, and over 65 years old.

Weekly conference calls continue at the national and state levels. Alameda County Public Health Department (ACPHD) is participating in these calls.

### Laboratory Activities

Surveillance for the detection of antiviral resistance in pandemic (H1N1) 2009 influenza is ongoing. The state lab is still reporting that almost all influenza A-positive specimens tested by PCR in recent weeks are novel H1N1. It remains the predominant influenza in California and Tamiflu-resistance still remains quite rare.

### Current CHPH actions

CDPH submitted its application for federal H1N1 funds (Public Health Emergency Response Phase III) to CDC on September 15, 2009. The CDC has allocated \$66 million to California. Included in the application was the Novel H1N1 Mass Vaccination Operational Plan.

### Centers Activated

CDPH continues activation of the Joint Emergency Operations Center (JEOC) and the Richmond Campus Coordination Center (RCCC) at a low level.

### Public Health Guidance Issued

CDPH released the Novel H1N1 Mass Vaccination Operational Plan September 17, 2009.

## County

The seasonal flu virus has been identified in Alameda County, but the novel H1N1 virus remains the predominant circulating influenza virus. Seasonal flu shots are available at many healthcare practices and pharmacies. Seasonal flu vaccination is recommended as early as possible.

As of September 15, 2009, the total cases reported in Alameda County of people with novel H1N1 infection requiring intensive care treatment is 53 persons; 14 of which have died, the majority of the fatal cases or approximately 75% are between the ages of 25-64 years old. About 17% of all hospitalized cases have no identified chronic health condition.

As of September 22, 2009, 236 healthcare facilities of various types and pharmacies in the county have pre-ordered novel H1N1 vaccine from the state health department. Alameda County Public Health Department is the lead agency which continues to work with cities to finalize sites to provide novel H1N1 vaccinations for groups at high risk of flu complications.

## Vaccines

The first lot of novel H1N1 vaccine may be available for shipment the first or second week of October 2009. It is likely this will only be the novel H1N1 flu mist vaccine, which is only for those age groups between 2-49 years old who are healthy. Alameda County Public Health reports that the initial quantity that they will receive for County clinics and city hosted clinics is estimated at 30,000 doses. The last reported estimates are that California will initially receive about 400,000 doses. Weekly shipments of unknown quantities of novel H1N1 vaccines are expected after this first shipment.

The County will not have enough vaccines to vaccinate everyone in the initial shipments. Therefore, they will focus on the target groups that are at highest risk of flu complications, based on the national Advisory Committee on Immunization Practices (ACIP) flu vaccination recommendations, and those at highest risk of exposure to influenza, based on Occupational Safety and Health Administration (OSHA) recommendations. Alameda County Public Health does expect to ultimately have enough to vaccinate everyone who wants it. Also, those individuals with health plans and health coverage will need to go to their primary healthcare provider or a pharmacy that will provide seasonal and H1N1 flu shots.

Alameda County Public Health continues to participate in the weekly (one day/week) conference calls with CDPH and CDC officials.

## **KEY ISSUES AND IMPACTS**

Since the City of Oakland recognizes the importance of a timely response to this event, the City of Oakland launched a City COOP (Continuity of Operations Planning) team in May 2009. Since

Item: \_\_\_\_\_  
Public Safety Committee  
October 13, 2009

May 2009, the team has convened several planning meetings to address key issues and to ensure continuity of government during this pandemic event.

Below are the actions and accomplishments that have been instituted by various City departments since the last report to City Council that was presented on April 30, 2009:

Oakland Fire Department, Office of Emergency Services (OES):

- OES staff continues to provide information and updates to the city's public information officers, key city staff, disaster council members, OUSD, faith-based organizations and other agencies.
- OES completed two informational brochures on H1N1 to address prevention and frequently asked questions that will be available on the City's Internet and Intranet as website information and can also be printed as brochures. OES has also requested translation of these materials in Spanish and Cantonese.
- OES is coordinating the development and completion of Departmental and the City's Continuity of Operations Planning (COOP) and employee readiness plans. These plans are currently under development and are being evaluated by OES staff.
- OES staff provided Pandemic Flu Planning guidance to plan for and respond to the upcoming flu season to departments, including templates to assist in the development of departmental plans.
- OES staff is beginning to review the completed departmental Pandemic Influenza COOP plans to ensure that departments have addressed all essential services, functions, and processes necessary to keep systems running.
- OES staff will work with city departments to form a committee to review the plans from the various agencies to ensure that plans are concise, integrated and adhere to departmental and city wide policies.
- OES staff will continue to monitor the CDC and other appropriate websites for accurate up to date information and disseminate information to the City's Public Information Officer and City Departments.
- OES staff will work with the Department of Human Resources Management and Risk Management to develop a method to monitor levels of absenteeism and absenteeism related to H1N1 flu to provide basic trend data to the City's COOP planning team and to Alameda County Public Health.

- OES staff has developed and completed a concise Disaster Service Worker PowerPoint training module for City employees. The training course materials were provided to Office of Parks and Recreation, Department of Human Services and the Police Department for delivery to their employees. A Citywide effort to have all City employees take the training online will be launched in late October 2009.

Oakland Fire Department, Emergency Medical Services (EMS):

- EMS staff with assistance from OES and Alameda County Public Health will conduct a First Responder Influenza Vaccination Clinic (“No Blue Flu”) October 12-14, 2009 for dispensing vaccinations for seasonal flu for Oakland Police and Fire personnel.
- EMS staff have developed and completed an online H1N1/Seasonal Flu training that will be available to first responders.
- EMS staff has also developed a training video for first responder safety with assistance from KTOP. The video will be prepared by KTOP and the City’s Public Information Officer for distribution to Oakland Fire, Police and Public Works and potentially as an online training.
- EMS staff has secured the necessary personal protective equipment for Fire Department field personnel to ensure first responder safety.
- EMS staff is currently working with Alameda County Public Health Department and support from OES staff to plan, host and provide logistical support for a series of City H1N1 clinics.

Oakland Fire Department, Fire Operations:

- OFD staff has submitted their minimum staffing matrix and are completing their COOP plan which is targeted for completion by mid-October 2009.
- OFD staff received the OFD EMS First Responder safety training that was conducted in April-May 2009.
- OFD staff have begun reporting any potential exposures to H1N1 during emergency medical calls.

Oakland Police Department (OPD):

- OPD staff has been working to secure personal protective equipment for their field personnel. Field staff received the OFD EMS First Responder Safety training in April-May 2009.
- OPD staff has submitted their COOP plan and it is currently under review by OES staff.

Other City Departments:

Department of Human Resources Management (DHRM):

- DHRM reported that they recently attended a Personnel/Human Resources summit which will assist them in developing the City's personnel policies related to the pandemic flu including a telecommuting policy.
- Human Resources staff are working with Risk Management and will submit a draft plan for review by early October 2009.
- DHRM staff will also identify potential labor relations issues that need to be addressed.
- In the interim, DHRM staff will develop a "Fact Sheet" to advise supervisors on the current absenteeism policies, as well as work with OES and Risk Management to develop surveillance and monitoring protocol to report H1N1 incidences to Risk Management.
- DHRM have identified that there are two levels of communications that need to be articulated in the Personnel guidances:
  - Encourage employees to stay home if they have H1N1 symptoms; and
  - Guidance for managers / supervisors to deal with illness and leave policies in a consistent manner.

Risk Management Department:

- Risk Management staff are working with DHRM to develop a document that will provide guidance and support to departments regarding extension of leave privileges, return to work protocols and other Risk/HR functions. This document is almost in final form and is in the review process.

Public Works Agency (PWA)

- PWA staff has ensured that cleaning and sanitization practices are consistent and as regular as possible, based upon the current staff restraints.



- PWA staff have been purchasing and installing hand sanitizers in City facilities that are used by the public.
- PWA staff is working on their COOP plan and should have a draft plan by mid-October 2009.

Department of Human Services (DHS)

- DHS staff will be purchasing and installing hand sanitizers at Senior Centers and Head Start Centers.
- DHS staff has completed their minimum staff matrix and is working on their COOP plan and should have a draft by mid-October 2009.

Library

- Library staff has completed a draft of their minimum staffing and plan which is being reviewed by their management staff.

**SUSTAINABLE OPPORTUNITIES**

***Economic:***

At this time there are no economic opportunities related to this incident.

***Environmental:***

At this time there are no environmental opportunities related to this incident.

***Social Equity:***

The City of Oakland continues to ensure that all residents and the community are fully represented and considered in our planning, mitigation, prevention, response and recovery efforts.

**DISABILITY AND SENIOR CITIZEN ACCESS**

In providing public information and services, the City of Oakland continues to meet all Americans with Disabilities Act (ADA) requirements and provide the highest level of service to all residents and to the community.

Item: \_\_\_\_\_  
Public Safety Committee  
October 13, 2009

**ACTIONS AND RECOMMENDATIONS**

City of Oakland staff continues to closely monitor this incident and will continue to plan for an escalated event. Oakland staff will determine the most efficient and effective ways to mitigate and prevent the spread of the 2009 H1N1 influenza virus.

Oakland staff will continue to work together closely and collaborate with Alameda County Public Health and outside agencies to ensure that plans, policies and protocols are in place as soon as possible to address this event and any future pandemic events.

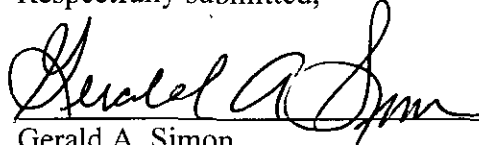
Oakland City staff will continue to provide the Mayor, Council, key City executives and employees with timely information as it pertains to this event.

Staff recommends that City Council continue to provide leadership and support of the efforts and work being done by all City departments to mitigate and prevent the spread of the 2009 H1N1 influenza virus.

**ACTION REQUESTED OF THE CITY COUNCIL**

Staff recommends that the City Council accept this informational report and provide any policy direction related to this event as Council deems necessary.

Respectfully submitted,




Gerald A. Simon  
Fire Chief

Prepared by: Cathey Eide  
Emergency Planning Coordinator

Reviewed by: Renee A. Domingo  
Director of Emergency Services and Homeland Security

APPROVED AND FORWARDED TO THE  
PUBLIC SAFETY COMMITTEE:

  
Office of the City Administrator

Item: \_\_\_\_\_  
Public Safety Committee  
October 13, 2009