

**2009-2010 H1N1 PANDEMIC:**  
**AUDRAIN CITY-COUNTY HEALTH UNIT (ACCHU)**  
**Spring 2009 – Spring 2010**

**AFTER ACTION  
REPORT/IMPROVEMENT PLAN**

1 July 2010



**Public Health**  
Prevent. Promote. Protect.

This page is intentionally blank.

## ADMINISTRATIVE HANDLING INSTRUCTIONS

1. The title of this document is 2009-2010 H1N1 Pandemic: Audrain City-County Health Unit (ACCHU).
2. The information gathered in this AAR/IP is classified as For Official Use Only (FOUO) and should be handled as sensitive information not to be disclosed. This document should be safeguarded, handled, transmitted, and stored in accordance with appropriate security directives. Reproduction of this document, in whole or in part, without prior approval from the Audrain City-County Health Unit (herein referred to as ACCHU) is prohibited.
3. At a minimum, the attached materials will be disseminated only on a need-to-know basis and when unattended, may be stored in a locked container or area offering sufficient protection against theft, compromise, inadvertent access, and unauthorized disclosure.
4. Points of Contact:

Name: Kevin W. Lowrance  
Title: Administrator  
Agency: Audrain City-County Health Unit (ACCHU)  
Street Address: 605 East Promenade; P.O. Box 957  
Mexico, Missouri 65265  
(573) 581-1332 (office)  
lowrak@lpha.mopublic.org

Name: Kay Dubbert  
Title: Director of Nursing/Associate Administrator  
Agency: Audrain City-County Health Unit (ACCHU)  
Street Address: 605 East Promenade; P.O. Box 957  
Mexico, Missouri 65265  
(573) 581-1332 (office)  
dubbem@lpha.mopublic.org

## CONTENTS

<b>Administrative Handling Instructions .....</b>	<b>3</b>
<b>Contents .....</b>	<b>4</b>
<b>Executive Summary .....</b>	<b>5-6</b>
<b>Section 1: Exercise Overview .....</b>	<b>7-8</b>
Exercise Details .....	
Exercise Planning Team Leadership .....	
Participating Organizations.....	
<b>Section 2: Exercise Design Summary .....</b>	<b>9</b>
Exercise Purpose and Design .....	
Capabilities and Activities Identified for Demonstration .....	
Scenario Summary .....	
Planned Simulations.....	
<b>Section 3: Analysis of Capabilites.....</b>	<b>10-15</b>
<b>Section 4: Conclusion.....</b>	<b>16</b>
<b>Appendix A: Improvement Plan.....</b>	<b>17-18</b>
<b>Appendix B: Events Summary Table.....</b>	<b>19-38</b>

## EXECUTIVE SUMMARY

The 2009-2010 H1N1 Pandemic created both a real-world opportunity and an exercise scenario for the Audrain City-County Health Unit (ACCHU). On 24 April 2009, ACCHU received the first qualified reports of potential H1N1 (initially referred to as ‘Swine Flu’) in the Country of Mexico. Efforts began with review of plans and internal notice to staff.

Since 11 September 2001, ACCHU has been in the preparation mode for disaster and/or emergency response not only pertinent to Public Health, but in conjunction with other entities response as well (i.e.; Public Safety, Fire, EMS, SEMA, etc.). ACCHU has developed plans, trained, conducted/participated in exercises, etc. in order to adequately prepare. ACCHU has been a leader in the Audrain County community regarding preparation for potential disasters.

The 2009-2010 H1N1 Pandemic tested ACCHU communication, ICS, and mass prophylaxis capabilities. The initial local response 25-27 April 2009 included Audrain Medical Center (AMC), Audrain County Emergency Management Agency (EMA), Audrain County Commission, and ACCHU; with a local press conference held 28 April 2010 at the ACCHU facility with KXEO/KWWR radio and the Mexico Ledger. The Vandalia Leader was contacted via telephone. A decision was made by ACCHU ICS to provide Situation Reports (SIT-REP’s) and post on the ACCHU website ([www.acchu.org](http://www.acchu.org)) as a communication tool.

Based on the planning team’s initial deliberations, the following objectives were developed for the local initial response:

- Objective 1: Communicate
- Objective 2: Planning collaboration
- Objective 3: Public protection

ACCHU staff did very well during the 2009-2010 H1N1 Pandemic. They were flexible, diligent, focused on objectives, professional, sensible, and dedicated.

While ACCHU is still ‘officially’ engaged in the 2009-2010 H1N1 Pandemic, efforts have been winding down since 8 April 2010. The only remaining tasks are the weekly paperwork trail for vaccine & anti-virals, waiting for word on official ending of the pandemic, completing the necessary planning changes from the lessons learned, and the AAR completion.

The purpose of this report is to analyze results, identify strengths to be maintained and built upon, identify potential areas for further improvement, and support development of corrective actions.

## Major Strengths

The major strengths identified during this exercise are as follows:

- ACCHU efforts since 11 September 2001 in local planning
- Timely and active local response
- Situation Report (SitRep) posted to ACCHU website
- Communication/Collaboration

## Primary Areas for Improvement

Throughout, opportunities for improvement in responding to the incident were identified. The primary areas for improvement, including recommendations, are as follows:

- More training and/or exercises for ACCHU staff (if we had more time and \$)
- Maintain and explore the potential for expanding communication/collaboration
- Continued planning, communication, and collaboration

Overall, the 2009-2010 H1N1 Pandemic real-world and exercise was successful in Audrain County.

It must be noted that this AAR will not and can not adequately cover the full scope of the over year long involvement of the Audrain City-County Health Unit in the H1N1 Pandemic. However, as noted herein there is documentation maintained by ACCHU that can be accessed in order to reveal much more of all the actions taken during this pandemic. The information contained herein is not all-encompassing and is intended to be focused.

## SECTION 1: EXERCISE OVERVIEW

### Exercise Details

**Exercise Name**

2009-2010 H1N1 Pandemic: Audrain City-County Health Unit (ACCHU)

**Type of Exercise**

Real world & full-scale functional exercise

**Exercise Start Date**

24 April 2009

**Exercise End Date**

1 July 2010 (with some minor activities on-going)

**Duration**

1 year; 2 month; 6 days (with some minor activities on-going)

**Location**

Audrain County, Missouri

**Sponsor**

N/A

**Program**

N/A

**Mission**

Prevent, Protect, Respond, and Recovery

**Capabilities**

Stop the spread of the H1N1 Influenza through active and/or passive surveillance, investigation, and prophylaxis

**Scenario Type**

Pandemic Influenza

### Exercise Planning Team Leadership

- Kevin W. Lowrance, Administrator, ACCHU
- Kay Dubbert, RN, ACCHU
- Becky Wieberg, RN, ACCHU
- Susie Deimeke, RN, ACCHU
- Brandi Meyer, LPN, ACCHU
- Emily Stotler, Support Staff, ACCHU
- Richard Webber, Presiding Commissioner, Audrain County
- Tom Groves, Western District Commissioner, Audrain County
- Roger Young, Easter District Commissioner, Audrain County
- Sarah Williams, Emergency Management Director, Audrain

- County
- Steve Shaw, Emergency Management Coordinator, Audrain Medical Center (AMC)
  - Sharon Stowers, Infection Control Nurse, AMC
  - Other remaining ACCHU staff
  - Disaster Preparedness Committee, AMC
  - Local physicians and staff
  - Local pharmacies and staff
  - Other local healthcare providers
  - Local public and private school systems
  - DHSS
  - Other state agencies
  - Other federal agencies
  - Other global agencies
  - Anyone ACCHU missed listing here

## Participating Organizations

See above

### Number of Participants

- 25,556 (2009 Audrain County census)
- + others from outside Audrain County

## SECTION 2: EXERCISE DESIGN SUMMARY

### Exercise Purpose and Design

This was a real-world declared H1N1 Pandemic. The opportunity to exercise was inherent.

### Exercise Objectives, Capabilities, and Activities

Based upon the identified objectives below, the exercise planning team decided to demonstrate the following capabilities during this exercise:

- **Objective 1:** Communication
  - Internal ACCHU Communication capabilities: Management – Staff (& vice-versa)
  - External ACCHU Communication capabilities: ACCHU – Community and Partners (& vice-versa)
  
- **Objective 2:** Planning Collaboration
  - Internal ACCHU planning collaboration capabilities: Internal initial planning, mid-flow planning, and wrap up/finalize/future planning
  - External ACCHU planning collaboration capabilities: Initial, mid-flow, and final/future
  
- **Objective 3:** Public Protection
  - Vaccine: Planning; ordering; receiving; storage; scheduling; conducting; finalize; and future.
  - Anti-virals: Planning; ordering; receiving; storage; scheduling; conducting; finalize; and future.

### Scenario Summary

Declared H1N1 Pandemic

## SECTION 3: ANALYSIS OF CAPABILITIES

This section of the report reviews the performance of the exercised capabilities, activities, and tasks. In this section, observations are organized by capability and associated activities. The capabilities linked to the exercise objectives are listed below, followed by corresponding activities. Each activity is followed by related observations, which include analysis and recommendations. Supporting documentation is maintained in various and numerous mediums such as the ACCHU website, personnel/patient records, official ACCHU files, community outreach forms, etc. and are available upon request.

*NOTE:* Throughout these capabilities, it is noted that details and specifics are omitted as they are available via the Audrain County, Missouri Situation Reports (SIT-REP) enclosed, see Appendix B: Events Summary Table. The capabilities as annotated herein are for special attention summary purposes.

### Capability 1: Internal ACCHU Communication

**Capability Summary:** Communication is essential and this capability deals with internal communication abilities and outcomes associated with the ACCHU.

#### Activity 1.1: Management – Staff (& vice-versa)

**Observation:** Identified as a strength; ACCHU has always had good internal communications through one-on-one, group, written, or various other means. Management continues to strive to improve staff communication each and every day. Internal communications were effective and efficient throughout the timeframe.

**Analysis:** From the beginning in April 2009, ACCHU management made every effort possible to provide quality and useful information to ACCHU staff (all staff, not just the staff focused on the pandemic). Methods included forwarding of e-mails, distribution of specific written materials including memo's from ACCHU management, on-line webinars, teleconferences, training sessions/conferences, the ACCHU website, smaller action group meetings at ACCHU, and larger ACCHU staff meetings. No method of communication is 100% effective and that was the same with this activity. During the timeframe in which ACCHU was actively involved in the pandemic there were only a few instances where management to staff communications broke down or were not fully completed. However, these occurrences were identified immediately (usually within 1 business day) and were rectified accordingly. In one-on-one discussions with ACCHU staff, all felt that management to staff communication during the situation was adequate. Staff to management communication was effective as well. Staff members directly involved in the ACCHU response communicated well during meetings, conferences, trainings, clinics, etc. Staff member not directly involved were at first reluctant to ask questions and communication suffered, however once ACCHU management realized this efforts were initiated to be more responsive to their knowledge base and afford them the same opportunities to communicate with management as others had; and this worked well. Unfortunately, communication suffered because the H1N1 Pandemic started with a proverbial bang; but has ended with a

little less than a whimper, which has affected the recovery phase.

**Recommendations:** Every effort must be explored to ensure that all ACCHU staff members are in the loop of communication during a crisis (to the best extent possible/feasible). Management must (and does) understand that not all ACCHU staff is at the same level of understanding. Staff must understand that ACCHU management cannot 'read their minds' and they must assert when the understanding or communication is not to their satisfaction. Continued emphasis on internal communication through whatever means are available.

## Capability 2: External ACCHU Communication

**Capability Summary:** Communication is essential and this capability deals with external communication abilities and outcomes associated with the ACCHU.

### Activity 2.1: ACCHU – Community and Partners (& vice-versa)

**Observation:** Identified as a strength; ACCHU continues to strive for; 1) Community recognition, understanding, appreciation, and support for public health and 2) Development of new and sustainment of existing partnerships.

**Analysis:** From the beginning in April 2009, ACCHU management made every effort possible to provide quality and useful information to the community and partners, including but not limited to; local physicians, DHSS, SNS providers, Audrain Medical Center, other healthcare institutions, nursing homes, EMD, EMS, private and public schools, etc.. Methods included forwarding of e-mails, distribution of specific written materials including memo's from ACCHU, on-site trainings and presentations, teleconferences, conferences, the ACCHU website, etc. No method of communication is 100% effective and that was the same with this activity. During the timeframe in which ACCHU was actively involved in the pandemic there were only a few instances where ACCHU to community/partners communications broke down or were not fully completed. However, these occurrences were identified immediately (usually within 1 business day) and were rectified accordingly. In one-on-one discussions with partners, all felt that communication during the situation was adequate. Partner-to-ACCHU communication was effective as well with few instances of breakdown; and these occurrences were addressed as necessary. Unfortunately, communication suffered because the H1N1 Pandemic started with a proverbial bang; but has ended with a little less than a whimper, which has affected the recovery phase.

**Recommendations:** Every effort must be explored to ensure that community members and partners are in the loop of communication during a crisis (to the best extent possible/feasible). ACCHU must understand that community members and partners are not at the same level of understanding and vice-versa. The duality of communication is apparent. Continued emphasis on external communication through whatever means are available.

### Capability 3: Internal ACCHU planning collaboration

**Capability Summary:** Internal planning for contingencies is crucial however the effectiveness is reliant upon education and training.

#### Activity 3.1: Initial

**Observation:** Identified as a strength; ACCHU has worked very diligently on initially planning for contingencies and is showed during this H1N1 Pandemic.

**Analysis:** The concept of the regionally shared Planner has never come to fruition for Audrain County therefore the task has fallen on the ACCHU Administrator. The lack of time, resources, staff, funds, etc. results in ACCHU staff not being fully trained on the applicable plan; however ACCHU has undertaken many initiatives to ensure that staff are at least organizationally aware and technically proficient with the overall concept of the applicable plan and responsibilities, requirements, language, location, and most importantly existence. ACCHU would like to be involved in more exercises, but that capability is limited due to budget, staff, and time constraints; as well as limited availability of practical and/or pertinent exercises in the immediate area.

**Recommendations:** Continue, with the best means and ability, to plan, educate, and train ACCHU staff for contingencies.

#### Activity 3.2: Mid-flow

**Observation:** Identified as a strength; the ability of ACCHU management and staff to adapt existing plans as necessary was evident.

**Analysis:** The reality was and is that a plan is only going to give basic guidance during any real-world contingency or exercise and it must be inherently flexible in order to meet the mission requirements. For ACCHU, this was the case during the 2009-2010 H1N1 Pandemic. At each and every turn there was a need to change, revamp, eliminate, add, skip, or otherwise readdress and reassess the ACCHU initial plan.

**Recommendations:** Continue, with the best means and ability, to plan, educate, and train ACCHU staff for contingencies; especially as it pertains to mid-flow planning.

#### Activity 3.3: Wrap up/finalize/future

**Observation:** On-going

**Analysis:** The 2009-2010 H1N1 Pandemic has been a typical hurry-up-and-wait scenario

and has significantly whimpored out in early-2010; with requirements still in existence for local public health agencies and on-hand stock.

**Recommendations:** None; until the decision is officially made by higher paid individuals than ACCHU to end there will continue to be requirements. It must be noted that this AAR is supplied without an official end due to contractual requirements. In addition, ACCHU will continue to work towards updating existing internal plans, as necessary.

## Capability 4: External ACCHU planning collaboration

**Capability Summary:** External planning for contingencies is crucial however the effectiveness is reliant upon education, training, and support/willingness.

### Activity 4.1: Initial

**Observation:** Identified as a strength; initial planning collaboration was excellent.

**Analysis:** ACCHU has been a leader in the Audrain County community regarding disaster preparedness and planning, as evident through documentation in applicable quarterly reports supplied to DHSS, and end results.

**Recommendations:** None

### Activity 4.2: Mid-flow

**Observation:** Planning collaboration deteriorated during the mid-flow timeframe.

**Analysis:** There were lots of external issues ACCHU was faced with including, but not limited to supplies of vaccine and the fact that the H1N1 Influenza just didn't materialize or affect people in the local area as anticipated or projected. While the latter was a good thing overall, these issues still caused great strain in the community and beyond. More on this is discussed in Capability 5 below. Due to these facts, the collaborations with other entities that was so strong during the initial phase began to fade mid-flow. ACCHU tried to keep the external collaborations viable and energetic during these times, such as being intimately involved in various Audrain Medical Center (AMC) meetings, but average citizens, medical professionals, business leaders, schools, etc. all lost interest and resulted in minimal collaboration.

**Recommendations:** Since ACCHU had very little control over this and did diligently try, there is nothing that can be recommended except to state that ACCHU will continue during future contingencies to strive for viable and effective collaboration with external entities.

### Activity 4.3: Final/future

**Observation:** Planning collaboration deteriorated into the final timeframe.

**Analysis:** There were lots of external issues ACCHU was faced with including, but not limited to supplies of vaccine and the fact that the H1N1 Influenza just didn't materialize or affect people in the local area as anticipated or projected. While the latter was a good thing overall, these issues still caused great strain in the community and beyond. More on this is discussed in Capability 5 below. Due to these facts, the collaborations with other entities that was so strong during the initial phase basically dissolved in the latter stages of the pandemic. ACCHU tried to keep the external collaborations viable and energetic during these times, such as being intimately involved in various Audrain Medical Center (AMC) meetings, but average citizens, medical professionals, business leaders, schools, etc. all lost interest and resulted in minimal collaboration.

**Recommendations:** Since ACCHU had very little control over this and did diligently try, there is nothing that can be recommended except to state that ACCHU will continue during future contingencies to strive for viable and effective collaboration with external entities.

## Capability 5: Public Protection

**Capability Summary:** Vaccine

**Activity 5.1:** Planning; ordering; receiving; storage; scheduling; conducting; finalize; and future

**Observation:** Plans did not match reality, but ACCHU adapted well with successful results.

**Analysis:** There were very few issues with the H1N1 vaccine except for initial supplies and lack of current information, but that was corrected relatively quickly and with minimal impact locally. ACCHU, its staff, and local providers adapted quickly (with a few exceptions where providers just didn't understand or simply didn't want to respond to ACCHU and the DHSS weekly vaccine inventory) and ordering, receiving, storage, distributing, etc. of vaccine went remarkably smooth. ACCHU staff, particularly Emily Stotler and Kay Dubbert, did an outstanding job with the weekly vaccine inventory. Once supply was adequate the demand did not materialize and a lot of advertising, word-of-mouth, networking, etc. had to occur to ensure as much vaccine was distributed and utilized as possible. Several providers were staunch supporters and advocates. The meetings (webinar's) held with DHSS were very helpful, as was the DHSS/LPHA Website.

**Recommendations:** Continue to work with local, regional, and state partners in networking and in developing, integrating, and exercising plans for the future.

## Capability 6: Public Protection

**Capability Summary:** Antivirals

**Activity 6.1:** Planning; ordering; receiving; storage; scheduling; conducting; finalize; and future

**Observation:** Plans did not match reality, but ACCHU adapted well with successful results.

**Analysis:** ACCHU was quick to respond to the DHSS request for Registration of Providers and one of the smartest things ACCHU did was not distribute antivirals either directly or indirectly to these Providers. Control was thereby maintained by ACCHU for the long term. A lot of confusion reigned over and around the antivirals, and still does. There is still the issue of why the LPHA's must maintain storage of the antiviral stockpiles. Most of the issues with the H1N1 antivirals were corrected relatively quickly and with minimal impact locally. ACCHU, its staff, and local providers adapted quickly and ordering, receiving, storage, distributing, etc. of the antivirals went fairly smooth. ACCHU had plans in place for potential distribution, but actual distribution never materialized. The meetings (webinar's) held with DHSS were very helpful, as was the DHSS/LPHA Website.

**Recommendations:** Continue to work with local, regional, and state partners in networking and in developing, integrating, and exercising plans for the future.

## **SECTION 4: CONCLUSION**

Overall, ACCHU performed quite admirably given all the constraints and uncertainties faced during this H1N1 Pandemic. Initial preparation was commendable. Communication was very good. The ability to change and adapt mid-flow was excellent. And as stated herein, the ending has been less than eventful.

## APPENDIX A: IMPROVEMENT PLAN

This IP has been developed specifically for the Audrain City-County Health Unit (ACCHU) as a result of the 2009-2010 H1N1 Pandemic. These recommendations draw on both the After Action Report and the After Action Conference.

Table A.1 *Improvement Plan Matrix*

Capability	Observation Title	Recommendation	Corrective Action Description	Capability Element	Primary Responsible Agency	Agency POC	Start Date	Completion Date
Capability 3: Internal ACCHU planning collaboration	1. Initial	1. Continue, with the best means and ability, to plan, educate, and train ACCHU staff for contingencies.	1.1. Distribute H1N1 Pandemic AAR to staff for review	Planning	ACCHU	Administrator	31 July 2010	1 September 2010
			1.2 Add some form of pertinent and related training to monthly staff meetings for a minimum of semi-annually	Planning	ACCHU	Administrator	10 September 2010	10 November 2010
	2. Mid-Flow	1. Continue, with the best means and ability, to plan, educate, and train ACCHU staff for contingencies; especially as it pertains to mid-flow planning.	2.1. Add some form of pertinent and related training to monthly staff meetings for a minimum of semi-annually	Planning	ACCHU	Administrator	10 September 2010	10 November 2010

Table A.1 *Improvement Plan Matrix Cont'*

Capability	Observation Title	Recommendation	Corrective Action Description	Capability Element	Primary Responsible Agency	Agency POC	Start Date	Completion Date
Capability 4: External ACCHU planning Collaboration; Capability 5: Public Protection; Capability 6: Public Protection	ALL	Continue to work with local, regional, and state partners in networking and in developing, integrating, and exercising plans for the future.	1.1. Prominently post H1N1 AAR to ACCHU website	Planning	ACCHU	Administrator	5 August 2010	3 September 2010
			1.2. Ask Audrain County EMD (with support from the Audrain County Commission) to coordinate and implement a meeting for local partners as a type of wrap-up for the Audrain County H1N1 Pandemic NLT the middle of October 2010.	Planning	ACCHU	Administrator	1 September 2010	1 January 2011

## **APPENDIX B: EVENTS SUMMARY TABLE**

- Audrain County, Missouri Situation Report (SIT-REP); 24 April 2009 – 28 July 2009 &;
- Audrain County, Missouri Situation Report (SIT-REP); 9 September 2009 – 8 April 2010

This page is intentionally blank.