



After-Action Report

SAFEGUARD IOWA PARTNERSHIP

Iowa Responds to H1N1 across the Public and Private Sectors

April-May 2009

What is the Safeguard Iowa Partnership?

The Safeguard Iowa Partnership is a voluntary coalition of the state's private- and public-sector leaders, who share a commitment to strengthen the capacity of the state to prevent, prepare for, respond to, and recover from disasters.

Created in 2007 by the Iowa Business Council and representatives from key state agencies, the partnership helps integrate business resources, expertise, and response plans with those of government during all stages of disaster management. The organization uses designated initiative teams to accomplish the goals laid out in the strategic plan.

Together. Helping Iowans.

In March and April, 2009, novel influenza A (H1N1), a new influenza virus containing human, avian, and swine genes, began causing illness in Mexico and the United States. In response, the Iowa Department of Public Health activated their Emergency Coordination Center at the Lucas State Office Building. The coordination center acts as a hub for prevention and response activities at the Iowa Department of Public Health. To assist with the outreach to the business community, the Iowa Department of Public Health contacted the Safeguard Iowa Partnership for assistance.

The Safeguard Iowa Partnership is the statewide public-private preparedness and response organization. Safeguard Iowa was invited to participate in the state health department's Emergency Coordination Center for approximately two weeks. The private-sector role was not to just observe, but to serve as a key conduit for information and to organize the support of Iowa businesses and non-profit organizations as necessary.

Over the next several weeks, Iowa's private sector would support the storing and distribution of the pandemic influenza stockpile materials, provide detailed information on the outbreak, serve as point of contact for the private sector and contribute to the novel influenza A (H1N1) response throughout Iowa.

This report provides a general overview of the Safeguard Iowa Partnership's activities in support of the early public and private response to the novel influenza A (H1N1) outbreak. Safeguard Iowa has continued to act as an information conduit and supporting partner in the ongoing planning and response to the novel influenza A (H1N1).

As preparations continue for a likely re-emergence of the novel influenza A (H1N1) virus in the fall of 2009, the Safeguard Iowa Partnership continues to supply information, provide coordination and assistance as needed between public and private agencies.

Iowa's Public and Private Response to Disasters

Following the September 11, 2001 terrorist attacks, the State of Iowa increased coordination with private businesses on emergency preparedness. This effort culminated in 2007 with the establishment of the Safeguard Iowa Partnership by the Iowa Business Council and representatives from private business and key state agencies.

Iowa's ability to integrate the private sector into statewide emergency response is the result of the effort over years of building preparedness. Iowa experienced massive ice storms in 2007 and then suffered both historic flooding and multiple deadly tornadoes in 2008. These disaster responses helped solidify the ways the Safeguard Iowa Partnership could assist state agencies with response efforts. Beginning with the EF-5 tornado that struck the small town of Parkersburg on Memorial Day weekend 2008, Iowa businesses and nonprofit organizations received detailed information and opportunities to offer resources in a coordinated way, by embedding private-sector responders in the State Emergency Operations Center.

As Iowa responded to the fifth most costly federal disaster, private-sector resources were integrated as never before. The Safeguard Iowa Partnership led the establishment of the online AidMatrix portal to coordinate donations on behalf of the State of Iowa. When the water retreated, the wind calmed and

Iowans surveyed the damage, thousands of businesses and nonprofit organizations began to work together on the largest reconstruction in Iowa's history.

The role of private agencies to respond to disasters has been tested and refined through a long series of disasters. Prior to the 2008 disasters, Iowa's largest disaster was the flooding of 1993. Iowa has faced many other natural and manmade disasters in the last 25 years, including the crash of United Flight 232, Terra Chemical plant explosion, tornadoes, wind storms, floods and blizzards. Each disaster has brought a response from both the public and private sectors to assist Iowans.

Preparation for Public Health Emergencies

The preparation for public health emergencies has been occurring over the past several years through planning and exercising. Seven State of Iowa agencies sponsored Amber Waves, a series of discussion-based exercises that focused on the government communication channels to private-sector business and nonprofit organizations in a pandemic influenza scenario. The Department of Public Health had also partnered with Safeguard Iowa to present three regional public-private preparedness seminars in June 2008. The threat of pandemic influenza and other disease events was one of the seminar topics.

Additionally, the Protect Iowa Health marketing effort had reached thousands of Iowans, using television, radio and events like the Iowa State Fair to encourage Iowans to prepare for a public health emergency or other types of disasters. Over 10,000 emergency preparedness booklets had been distributed through businesses directly to their employees.

When the fears of a potential influenza pandemic rapidly increased in late April 2009, Iowa's government, business and nonprofit organizations were ready. The Iowa Department of Public Health had created pandemic influenza guidance to assist the business community in creating plans for responding to a multitude of public health emergencies, including pandemic influenza. Eighty-five percent (85%) of the after-action respondents from the public- and private-sectors had existing pandemic or bio-emergency plans.

Timeline: Novel Influenza A (H1N1) Arrives in Iowa

The following timeline includes major events that drove the public-private response to the novel influenza A (H1N1) outbreak in Iowa. The neighboring states of Illinois and Wisconsin had some of the largest per capita and cumulative confirmed cases in the first three weeks of the Spring 2009 outbreak.

- April 12 – 17** Mexico responds to a request for verification by the World Health Organization of an outbreak of acute respiratory illness. The Centers for Disease Control and Prevention (CDC) is notified on April 13 of a case of respiratory illness in a 10-year-old boy living in California. On April 14, CDC identifies the virus as swine influenza A (H1N1).
- April 22-24** Concern begins to mount over a strange respiratory illness in Mexico prompting CDC to activate their emergency operations center and Canada issues a travel advisory.
- April 26** The U.S. declares a public health emergency and announces a partial deployment of the federal pandemic influenza stockpile of medications and medical supplies.
- April 27** The Iowa Department of Public Health Emergency Coordination Center is activated, but the State Emergency Operations Center is not formally opened.

April 28	Iowa Concern Hotline, in collaboration with the Iowa Department of Public Health, is initiated to provide the public with information about the novel influenza A (H1N1) virus, how to protect themselves from becoming ill, and actions to take if they or someone they knew became ill.
April 29	Two probable H1N1 cases are reported in Des Moines and Clinton counties, the first in Iowa. Supplies from the federal pandemic influenza stockpile begin to arrive in Iowa.
May 1	Multiple suspected cases are identified in Marshall County. The Marshalltown schools announce a one-week closure.
May 2	Governor Culver signs a public health declaration, allowing state agencies to expend funds in support of the novel influenza A (H1N1) response.
May 5	The CDC stops recommending school closures. Marshalltown schools reopen the following day.
May 7	The University of Iowa Hygienic Laboratory is approved to officially confirm H1N1 tests.
May 12	The Iowa Concern Hotline closes down for novel influenza A (H1N1) operations.
May 15	The Iowa Department of Public Health's Emergency Coordination Center is demobilized.

A more detailed timeline is available in the Iowa Department of Public Health Novel Influenza A (H1N1) July 2009 After Action Report & Improvement Plan.

The Effects of Novel Influenza A (H1N1) on Surveyed Organizations

Safeguard Iowa Partnership surveyed its membership and 72 organizations who responded to the outbreak.

- Fifty-seven percent (57%) of organizations surveyed reported no impact on day-to-day operations, while 38% reported some impact and only 5% reported a serious impact.
 - Fifty-one percent (51%) estimated total novel influenza A (H1N1) response costs for staff time, overtime and physical resources under \$5,000.
 - Twenty-five percent (25%) of responses fell into the \$5,001-25,000 range.
 - However, five percent (5%) of the respondents estimated costs between \$500,000 and \$1 million.
 - One organization reported a cost exceeding \$1.5 million.
- The most serious impacts were on healthcare, public health and businesses with significant international operations in Latin America.

Communication to Public and Private Audiences

Information sharing was a key role that Safeguard Iowa Partnership played in the response to the Spring 2009 novel influenza A (H1N1) outbreak. Multiple Iowa school districts closed completely and other communities cancelled individual schools and events. Private-sector businesses and nonprofit organizations were able to make well-informed decisions because of proactive communication between state, local, and private partnerships. These proactive communications assisted in mitigating the spread of disease and assisted in response to support those in need.

Through Safeguard Iowa Partnership, local public health agencies and the media (including Twitter), messages for businesses and nonprofit organizations provided guidance while the novel influenza A

(H1N1) virus continued to spread. Safeguard Iowa Partnership's Executive Director served in the Iowa Department of Public Health's Emergency Coordination Center, collected questions from businesses, worked with public health experts and developed a growing list of resources. The Iowa Department of Public Health's after-action report cited the Safeguard Iowa role to "coordinate and adapt guidance from IDPH to be useful for private industry." (Iowa Department of Public Health 2009) Seventeen percent (17%) of Safeguard Iowa partners requested specific assistance and 92% felt the assistance met their needs.

The volume of information shared during the Spring 2009 novel influenza A (H1N1) response was unprecedented. The initial Safeguard Iowa Partnership updates, distributed to over 300 public and private responders, were passed to thousands of other interested individuals. As the guidance, reports and recommendations were released, the Homeland Security Information Network-Safeguard Iowa Partnership (HSIN-SIP) portal became an information collection point. More than 300 documents related to novel influenza A (H1N1) were posted to the HSIN-SIP portal during May 2009. Safeguard Iowa Partnership transitioned from daily to weekly e-mail updates as the Iowa Department of Public Health's Emergency Coordination Center was demobilized.

Ninety-two percent (92%) of the responses indicated that the Safeguard Iowa Partnership initiated information sharing early enough in the incident to be effective. Businesses noted that timeliness of communication was also an important internal organizational issue. As one large business noted, communication had to be "at the right moment, to avoid inducing panic, but not appearing to be late to the game." Another large business added, "There's no substitute for timely and accurate information. Sadly, media can be hit-or-miss on that point." Safeguard Iowa Partnership was able to provide vetted, trustworthy, and timely information to partners.

Sixty-one percent (61%) of Safeguard Iowa Partnership partners accessed the novel influenza A (H1N1) information repository on the HSIN-SIP portal and 63% of the partners found the information highly useful. One large business stated the HSIN site contained "all information needed on the updates and actions underway." E-mail was noted as the most effective and the preferred method to share information. But at least one organization reported that a key staff member was not available in the early stages of the incident and they had to contact Safeguard Iowa Partnership to be added to the electronic distribution list.

Many organizations cited that the information provided was vital to adapting their plans to the realities of the novel influenza A (H1N1) outbreak. Eighty-five percent (85%) of the respondents participating in the after-action reporting had existing pandemic or bio-emergency plan, but many plans were developed to specifically address the H5N1 avian influenza threat. With the novel influenza A (H1N1) virus developing in North America, some previous planning assumptions were no longer valid. Safeguard Iowa Partnership's role in identifying and providing the most up-to-date CDC and IDPH guidance was very helpful to many organizations with pre-existing plans.

Dr. Patricia Quinlisk, Iowa Department of Public Health's State Medical Director and Epidemiologist, took live questions in a webcast; broadcasted statewide a week after the novel influenza A (H1N1) crisis began. The Upper Midwest Public Health Preparedness Center, based at the University of Iowa, sponsored the presentation as part of its ongoing Preparedness Grand Rounds series. The responsiveness of the webcast, only days after the declaration of a public health emergency in Iowa,

provided valuable information from the Iowa Department of Public Health. This type of communication was recommended by Safeguard Iowa Partnership's partners as an effective communication tool.

Some local public health agency held daily briefing calls for schools, nonprofit organizations and businesses after their first county case was diagnosed. These calls were later converted to weekly calls as the situation stabilized. Several counties provided guidance memos to businesses or provided incident action plans detailing the planned responses. Sixty-eight percent (68%) of the respondents indicated they were able to "maintain regular contact with local public health agencies."

While the communications during the Spring 2009 response were beneficial, continued improvements and pathways will further enhance our capabilities. The communication between private and nonprofit organization to local public health agencies may be an area where response operations could be improved. Overall, individual public health agencies and hospitals at the city and county level that did respond to outbreaks of the novel influenza A (H1N1) virus within their communities did not extensively engage private-sector partners, as this finding from the Iowa Department of Public Health's after-action report for the Spring 2009 response demonstrates:

"During this outbreak, 80% local public health agency and hospitals responding had no engagement with their private partners beyond normal day-to-day communications, 15% provided their private partners regular situational briefings, five percent requested support for local resources, and one percent asked their response partners to be fully activated for the response." (Iowa Department of Public Health 2009)

It is important to note that response activities to the novel influenza A (H1N1) virus did not exceed day-to-day operations in many communities. The role of information sharing from local public health agencies was vital to smaller community organizations. Many participants noted that the best, most tailored information came from local public health agencies. Whereas multi-state or international companies used CDC or World Health Organization guidance due to varied locations, smaller organizations preferred the advisements based on observed local conditions. One medium-sized nonprofit participant stated "We are not going to use the WHO or CDC, but look more to local emergency responders for up-to-date information because it is more relevant."

Quality information about the situation in other countries was also noted as a shortfall in the after-action discussions and surveys. Many member organizations had staff traveling outside the United States when the novel influenza A (H1N1) outbreak was identified. Companies with significant foreign travel may look to develop resources to better assess health and other conditions where employees travel. Unfortunately, Safeguard Iowa Partnership does not have competencies in this area.

While communication was one of the most effective methods of response to the novel influenza (H1N1) virus, other Safeguard Iowa Partnership -sponsored resources were involved as well.

Evaluating the Initial Response

Safeguard Iowa Partnership has established incident after-action reviews of significant events as a key competency. As the novel influenza A (H1N1) virus spread across the nation and into Iowa, lessons were being learned. When the disease characteristics were better understood and response operations

slowed, the Safeguard Iowa Partnership Operating Council and individual chapters took stock of the situation in late May and early June.

The discussions with Safeguard Iowa partners identified the following major themes:

- **Employees didn't panic** – partners said employees were concerned, but remained calm, even as Iowa's novel influenza A (H1N1) cases began to grow. Many companies distributed information to all employees, emphasized personal hygiene and took steps to reassure employees and customers.
- **Planning paid off** – partners with existing pandemic or health emergency plans were able to apply parts of the plan to this outbreak, which was not officially declared a pandemic until June 2009. Organizations without emergency plans were forced to scramble to develop strategies. Many members treated novel influenza A (H1N1) as a valuable test, even if the scenario didn't follow assumptions that many plans were developed around. Ninety-five percent (95%) of the Safeguard Iowa survey participants found their existing emergency plans applicable to novel influenza A (H1N1).
- **Coordination with Iowa public health authorities was productive** – partners saw communication and coordination from public health authorities as positive. Members did note the need for more education on legal concepts like quarantine, the role of governmental declarations and a better understanding of anti-viral medications. For partners with operations in other states or countries, the level of communication to businesses and nonprofit organizations in Iowa was considered very effective in comparison with other locations. International and multi-state companies faced challenges in crafting policies and messages that were applicable in differing locations. Most defaulted to CDC or WHO guidance, instead of guidance tailored to specific areas.
- **Planning for the long-term** – most partners are continuing to monitor the novel influenza A (H1N1) situation and are prepared to take further measures, especially if the normal flu season begins sooner or is more severe.

Safeguard Iowa Partnership also assisted the Iowa Department of Public Health in gathering survey information from local public health agencies and hospitals. This process allowed for blind study data to be utilized in the Iowa Department of Public Health's after-action report.

Preparing for the Next Wave

Across the board, public, private and nonprofit organizations are continuing to prepare for a re-emergence of novel influenza A (H1N1). Past influenza outbreaks and pandemics have indicated multiple waves of infection and the traditional slowing of infections in the summer months. The level of preparedness is high, with eighty-five percent (85%) of the partners participating in the after-action reporting existing pandemic or bio-emergency plan. One participant summarized the general feeling as, "We basically lucked out on this one... Chalk this up for training and awareness."

The results of the Safeguard Iowa Partnership novel influenza A (H1N1) after-action survey indicate a desire to refine plans and be prepared for further developments.

- Sixty-eight percent (68%) of organizations said the April and May 2009 response was prompting changes in their internal emergency response plans. One salient comment was that multiple

organizational plans were being updated with less focus on the World Health Organization's action steps and more on absenteeism impact.

- Sixty-five percent (65%) of organizations are willing to share absenteeism information with public health officials for surveillance. Following the incident, at least one local health agency has contacted private-sector partners to facilitate this reporting using a web-based system.
- Fifty-one percent (51%) of organizations were writing or participating in the production of an after-action report for this incident.
- Eighty-six percent (86%) of organizations are willing to attend a four-to-six hour session in the fall 2009 to receive updated information on the novel influenza A (H1N1), seasonal influenza or other disease threats.
- Safeguard Iowa partners suggested tools like webinars and conference calls to share best practices during the response. Vendors and business partners were also cited as good sources to build situational awareness.
- Safeguard Iowa partners also suggested more education on legal concepts like quarantine and the intent of governmental declarations. Government actions, such as opening of emergency centers and issuing declarations, are used as situational measurements by some private-sector organizations.

The Safeguard Iowa Partnership has continued to be actively engaged in responding to and preparing for the possible re-emergence of novel influenza A (H1N1) in late 2009. The weekly Safeguard Iowa updates include both the Iowa Department of Public Health's Novel Influenza A (H1N1) Information Sharing document and other H1N1 items of interest.

Work Cited

Iowa Department of Public Health. "Novel Influenza A (H1N1) July 2009 After Action Report & Improvement Plan." AfterAction Report, Des Moines, 2009.