

## **Regional Community Mass H1N1 Influenza Vaccination Campaign Skokie, Illinois Oct 16 –Dec 31, 2009**

This report describes the mass H1N1 vaccination campaign of the Village of Skokie Health Department (SHD), during October—December 2009. This campaign was planned primarily for the 67,000 persons residing within the Village but expanded dramatically when, on November 4 in response to the vaccine shortage, the state health director urged local health departments (LHDs) to vaccinate any person in the national priority groups and ignore jurisdictional boundaries. SHD, with the assistance of 1,075 volunteers, either administered or distributed to medical providers 40,850 H1N1 vaccinations over a nine week period, including 8,904 doses given at 52 Skokie public and private schools and daycares, and mass vaccination clinics attended by residents of 193 of the 1,313 Illinois municipalities (Figure). At the time of the campaign, widespread illness from H1N1 influenza in Illinois, with highly publicized deaths, contributed to a public sense of urgency about vaccination. The effort highlighted the need for flexible plans including the possibility of vaccinating individuals who reside well beyond LHD jurisdictional borders. Overall 53.9% of vaccine recipients were not Skokie residents.

Beginning in July 2009, SHD staff used census data and direct contacts with schools and medical practices to estimate that 38,900 residents and commuters<sup>1</sup> were members of the initial priority groups recommended for vaccination, including 14,900 children in schools or daycares. To prepare for the vaccination campaign, SHD met with public and private school and daycare directors, the local hospital and medical practices, and area retail pharmacies. With children comprising the largest priority group and highest risk population, SHD initially planned vaccination clinics for all public and private schools and daycares. SHD mass clinics were set for early December, to follow the school campaign, and were expected to be open to all

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<sup>1</sup> Nonresidents who work or attend school or daycare in Skokie.

interested Skokie residents. On September 27 the SHD ordered 40,000 doses of H1N1 influenza vaccine through the Illinois Department of Public Health (IDPH). The SHD received \$260,000 in federal Public Health Emergency Response (PHER) funds distributed through IDPH, which covered Village costs.

### **Five Phase Campaign**

Phase 1 (schools/daycares) consisted of vaccination clinics held during October 21 – November 20 at 52 Skokie public and private schools, daycare facilities and daycare homes. Vaccinations were offered to children, staff, and caregivers of children less than 6 months; overall 8,904 people (52%) received vaccine. Because these clinics served both public and private facilities and offered vaccinations to caregivers and staff, 40% of vaccinated individuals were not Skokie residents.

Phase 2 (regional EMS) occurred during October 16 – November 24. On September 13, IDPH established that vaccination of EMS personnel who were not employed by hospitals was the responsibility of LHDs. SHD offered vaccine to EMS personnel from Skokie and seven neighboring municipalities, and the regional private helicopter 911 services; it was uncertain when these individuals would otherwise have access to vaccine. Altogether SHD vaccinated 254 (24%) EMS personnel from the regional system; 75 were from Skokie. Paramedics and nurses from these entities assisted SHD with administration of the vaccinations at Village Hall.

Phase 3 (transfer to hospital/medical practices) took place during November 9 – 25; when doses were distributed to the local hospital (2,717 doses) and 30 Skokie medical practices that placed orders with IDPH (8,141 doses).<sup>2,3</sup> Due to the national vaccine shortage and preferential

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<sup>2</sup> The distribution was possible because 48% of the vaccine allocated for schools had not been utilized.

<sup>3</sup> SHD did not gather administration data for distributed vaccines; medical practices signed an agreement with IDPH to abide by NATIONAL guidelines.

ordering of single dose syringes, which were not yet available, these medical practices had received just 3% of 20,850 ordered doses by mid-November. Similarly, the regional hospital system, comprised of four hospitals, had received 10% of 120,000 ordered doses.

Phase 4 (regional mass vaccination clinics) consisted of four mass vaccination clinics during December 3 —12 open to any person in the national priority groups, ignoring jurisdictional borders as requested by IDPH. The Village’s main concern was safety and order in the clinics, which were staffed primarily by volunteers. An online appointment system and a phone bank were established to schedule vaccinations, limiting participants to 600 per hour. During the clinics 12,876 persons were vaccinated; 72.5% of recipients resided outside of Skokie. The overall vaccination rate was 25 per vaccinator per hour.

Attendees at the first Phase 4 mass clinic experienced waits of one to two hours, which began when participants arrived well before the scheduled start time and could not be allowed in the building. SHD implemented measures for the remaining three clinics that achieved a “continuous flow”; the entire process required less than 30 minutes despite no diminution in the number of persons participating each day. Refinements included establishing an “adults and teens” express vaccination room, reorganizing flow patterns within the building, ensuring adequate staffing,<sup>4</sup> and opening one hour earlier than scheduled to reduce the pressure and sense of anxiety in the crowd.

Phase 5 (wrap-up) During December 14-31 SHD administered 3,261 doses in Village Hall, the Skokie Public Library, and to the home bound, and transferred the remaining 3,740 doses to other health departments, Skokie medical practices, and a long-term care facility. At

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<sup>4</sup> Added four vaccinators to a total of sixteen, with 30 support staff, for each four-hour shift.

this point the level of disease in the community was decreasing, as was the demand for vaccination. The SHD opted to hold off on purchasing additional doses.

### **Communication**

Early and frequent communication with stakeholders was critical. The Village established teleconferencing capability, which was used along with mass e-mails for simultaneous communication with schools and daycare facilities. Local medical practices and retail pharmacies received regular updates via blast fax. Communication with Skokie residents and businesses was accomplished through local newspapers, flyers, billboards, Village AM radio station updates (n=10), local cable television clips (n=5), website postings, and mass e-mail (n=12). Two reverse-911 calls were initiated to blanket the Village; both were completed over a two hour time span. Village website visits doubled during December, with 17,000 extra visits. Chicago-area media outlets played a major role in advertising the availability of vaccine in Skokie; within four days of Chicago news coverage all mass clinic appointments had been filled.

### **Volunteers**

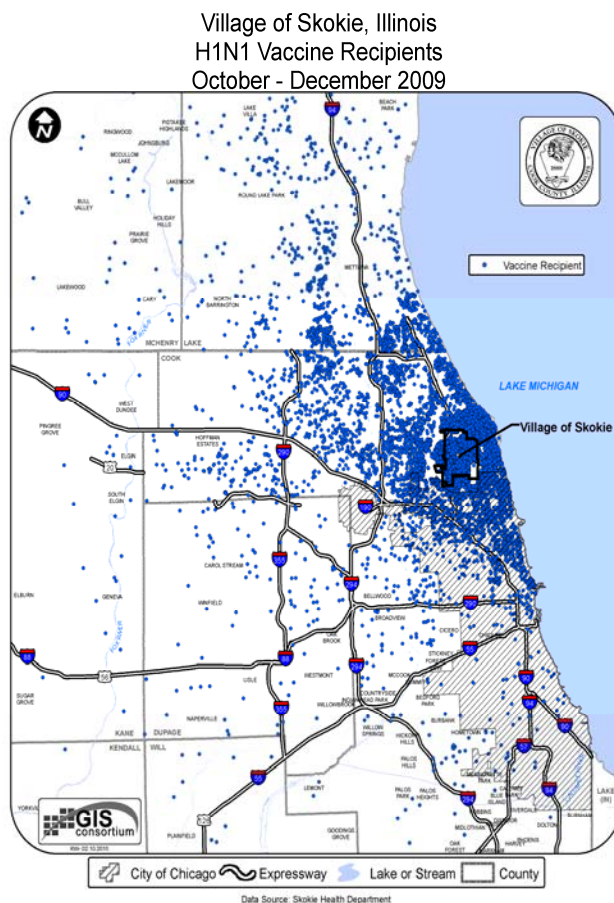
The Skokie campaign relied on 1,075 community volunteers to administer vaccinations and fill support roles; most had never served in large vaccination clinics and had no prior emergency preparedness training. Volunteer recruitment efforts included a letter from the Mayor to all Skokie Boards and Commissions, web postings, e-mail requests, and broadcast messages on the local emergency radio station and cable news. Recruiting messages described specific tasks that would be assigned to volunteer support staff, such as assisting with completion of consent forms or movement of persons through the clinic. The 172 volunteer vaccinators included nurses, nursing students, paramedics, physicians, and pharmacists; many volunteered more than once. Nurses, physicians and pharmacists are licensed in Illinois to administer

vaccinations; these professionals were credentialed through a secure state program which included background checks. Paramedics were required to complete an IDPH approved training program<sup>5</sup>.

## Conclusion

Rapid vaccination of the United States population during a pandemic is achieved at the local level and only through local efforts. The Village of Skokie was able to quickly adjust community H1N1 vaccination plans at multiple junctures as the event unfolded. This was

possible because of an established decision-making body; an early commitment to vaccinate 40,000 people; strong lines of public health communication at the state and local level; and confidence in the evidence supporting mass vaccination to control influenza. SHD emergency preparedness activities strengthening these proven response actions will be emphasized in the future, along with incorporation of new data management and online scheduling technology.



<sup>5</sup> A Gubernatorial Proclamation expanded the pool of vaccinators in Illinois to include EMTs-intermediate and EMTs-paramedics. Illinois Department of Public Health Home Page [Internet]. Springfield, IL: Illinois Department of Public Health. H1N1 Flu – Gubernatorial Proclamation. 2009 Dec 10 [cited 2009 Dec 28]. Available from: [http://www.idph.state.il.us/h1n1\\_flu/Gubernatorial\\_Proclamation\\_12\\_10\\_09.pdf](http://www.idph.state.il.us/h1n1_flu/Gubernatorial_Proclamation_12_10_09.pdf)