



H1N1 Response Survey

In order to evaluate MDCH's response to the H1N1 outbreak, we are requesting that you take a few minutes to complete this form. Your responses are very important to us, and will help ensure that future outbreaks are handled as efficiently as possible. Thank you for your assistance.

Please rate: 1=strongly disagree; 2 = disagree; 3 = neutral; 4 = agree; 5 = strongly agree

Communications

							Number of Responses	Average
The amount of communication we received from MDCH was appropriate	1	2	3	4	5	N/A	82	4.10
The type of messages from MDCH were helpful and informative	1	2	3	4	5	N/A	82	4.26
The messages from MDCH were easy to understand	1	2	3	4	5	N/A	81	4.15
The method of message delivery was convenient	1	2	3	4	5	N/A	81	4.35
I used the MDCH website for updates	1	2	3	4	5	N/A	78	4.15
MDCH websites were useful and had timely information	1	2	3	4	5	N/A	79	4.13
I read the daily MDCH Epi updates	1	2	3	4	5	N/A	76	4.11
I found the daily MDCH Epi updates to be helpful	1	2	3	4	5	N/A	74	4.24
I read the daily MDCH Lab updates	1	2	3	4	5	N/A	74	4.00
I found the daily MDCH Lab updates to be helpful	1	2	3	4	5	N/A	72	4.11
What sources of information did you find useful throughout the outbreak....?	1=Not Useful at All; 5=Extremely Useful							
- MDCH	1	2	3	4	5	N/A	81	4.38
- CDC	1	2	3	4	5	N/A	82	4.60
- WHO	1	2	3	4	5	N/A	76	3.37
- News Media	1	2	3	4	5	N/A	80	2.98
- Internet/web resources	1	2	3	4	5	N/A	78	3.54
- Regional Authorities	1	2	3	4	5	N/A	77	3.70

Procedure

The overall specimen approval process was simple and straightforward	1	2	3	4	5	N/A	76	3.51
Giving approval authority to the locals helped speed up the approval process	1	2	3	4	5	N/A	74	4.04
My local health department had enough NP test kits on hand prior to the outbreak	1	2	3	4	5	N/A	71	2.61

Please rate: 1=strongly disagree; 2 = disagree; 3 = neutral; 4 = agree; 5 = strongly agree

Response

We were satisfied with the availability of MDCH staff	1	2	3	4	5	N/A	75	4.39
We were aware that MDCH staff were available on call 24/7 during the outbreak	1	2	3	4	5	N/A	80	4.56
Did you use this after-hours service?	Yes – 30%				No- 70%			
We found the on-call staff response helpful	1	2	3	4	5	N/A	44	4.18
MDCH made available enough staff and resources to help your health department	1	2	3	4	5	N/A	66	4.39

What is your preferred method for notification of probable/confirmed cases? (circle one)

98 Responses (some circled multiple methods)

Phone calls from MDCH Staff- 34%

Emails from MDCH Staff- 26%

EPIC Faxes- 20%

MDSS- 20%

Once your county had at least one confirmed case, what should the notification method be for more confirmed cases?

88 Responses (some circled multiple methods)

MDSS- 40%

Email from MDCH Staff- 26%

Phone Call from MDCH Staff- 19%

EPIC Faxes- 15%

Comments from the question:

“What has been the greatest advantage and/or difficulty regarding this outbreak?”

(Please note that comments were transcribed as written by the respondent)

-Having staff on the same page at the same time.

-Just keeping up with information as it changed daily/hourly. MDCH did a great job keeping up with HAN/e-mail and getting this info out.

-Specimen approval process not simple in beginning, but this was a good learning experience. It wasn't until the chaos was over that I felt comfortable what to tell physicians and other HCWs when they called.

- For me personally it was our medical director approving tests without giving these physicians/HCWs the data sheets they were supposed to fill out and not informing CD staff.
- It was a good drill to test our emergency protocols, mostly communication.
- I thought MDCH staff was outstanding.
- We used our nurse volunteers.
- Hold a press conference.
- We definitely did not have enough resources: viral kits for testing, medical care for those without insurance or money to pay for medical care.
- The person on-call at the state had no clue about the H1N1, nor did they have the emergency number for state epi, stated they could go back to the state office and get the number of the person we were to contact. Our local medical director helped us work through.
- Sifting through the info- same info from too many sources EpiX, MDCH, regional folks. Knowing what to refer to, latest updates.
- Learning the changes once a county has had a confirmed case was not properly communicated down to the healthcare providers.
- Once WHO and CDC give the information to MDCH it was helpful to learn what MDCH wanted the LHD to do with it.
- It was great for the MI HAN alerts as it was difficult to keep up with all the EpiX information. I had so much information and it took lots of time to read, digest, and decide what to build into note books, but got the job done.
- The confusion with the initial approval method. Probably couldn't have been helped though.
- Constantly changing guidelines, trying to keep up with changes.
- It became challenging to sort through the large volume of information to determine important information and changes in procedures.
- Constant changing of case definitions, forms used, etc.
- Strengthened internal and external communication; redefining and confirmation of individual roles within HD; increased respect for each other as we all pitch in and do the best we can; confidence that we are SO READY for the next one.
- Preparing and practicing of procedures for future outbreaks.
- Opportunity to practice for "the big one", kept up to speed on current info.
- Media coverage caused "emergencies" out of colds, multiple phone calls, etc.

- So much information / HAN alerts it was confusing to keep track of what was the most current at the beginning. The CDC website as time went on was more helpful with dates updated.
- Timely updates regarding all aspects of outbreak.
- Having enough staff to cover everything else that goes with public health.
- Greatest difficulty was the information changing so quickly, particularly school closing info (I know this couldn't be helped as information changed quickly from the CDC as more became known about H1N1).
- Excessive HAN alerts / updates.
- Lack of staffing, i.e., health officer and medical director shared by counties.
- Greatest advantage was daily update. Greatest difficulty was the amount of information, the rate at which things were changing- not much anyone could do about this.
- HAN has been very helpful. Publishing the info on the HAN website helped provide timely information.
- Dealing with the media and the panic they create. School closings and being consistent across the county and helping the parents and citizens understand why not all schools need to be closed. Dealing with panic.
- Information overload via e-mail.
- At peak of communications, HAN and EpiX were confusing as to what was new / different vs. redundant info. Was helpful later on that HAN alerts noted if was same as EpiX or new info coming out.
- The interview guidelines were clear and concise.
- So much material from so many sources, time consuming to sift through it all.
- I felt very comfortable with the state direction.
- Information/ paperwork testing approval, etc. kept changing. The forms used should have been correct and available from the get go with a pandemic flu apparently coming soon, these issues should have been addressed.
- Changes in case definitions, who to test and treat; explaining the same to physicians and general public.
- Too huge a response to an illness that could quickly be determined was no more severe than seasonal influenza.
- Too many HAN alerts each day that all required confirmation of receipt. All they were doing was telling reader to go to the Han home page to read the latest update. Once everyone knew of this disease situation they should know, by default, to go to the HAN home page routinely without being told to.

- Frequently changing guidelines resulted in increased demands on LHDs to re-educate providers and community.
- Need to remind medical providers who are submitting specimens to report locally prior to shipping specimens- repeatedly.
- Staff time associated with screening of testing isolates.
- My only complaint was an apparent miscommunication, BOE was saying to screen isolates for testing while the last communication from BOL had said it still wanted all rapid positive isolates. After that I thought the amount, accuracy, and consistency of information from BOL and BOE was very good.
- Is there any consideration going to be given to have PCR testing for swine flu distribution to regional labs?
- There seemed to be a delay in MDCH response communication to LHD. Rapid changes in criteria for testing approval became difficult to communicate to appropriate providers.
- With the new algorithms it was not clear what the LHD approval for testing was required and no travel indicators.
- Not always knowing that there was a change in criteria.
- Not enough staff or resources (flu kits) at local level.
- Flu kits need to go to LHD to be distributed out to MD offices.
- Real life test of prior pandemic planning.
- Updates were often lagging behind news media reports.
- Consistent messages from MDCH lead.
- Phone conferences: info not always helpful, devices not working properly, great way to disseminate information.
- The news media has been a major hindrance- too much fear and not enough accurate information.
- MDCH and CDC were excellent at keeping us informed and addressing any issues that arose.
- Daily changes, keeping up with new info as it came in.
- EPIC fax didn't come to county of residence. Be sure results are faxed to correct county when a multi-county district involved.
- Understanding test procedures.
- We need interpretation of test results sooner than later (i.e. a negative H1 was actually a probable SVO) - that interpretation came out late.

-Maybe highlight or bold the changes so easier to glance and see what changed on forms and algorithm. Please always date in obvious place.

-Practice for a more severe outbreak.

-It was confusing at first because there was so much coming out on HAN, CDC, EpiX, MDCH, etc- so much repetition- but when we got going and there was an update in the HAN daily I didn't feel like I was going crazy trying to read everything, from every source.

- The conflicting school closure info between CDC and MDCH and across LHD jurisdictions. Also the majority of antivirals went to hospitals and not to LHDs. LHDs should have gotten the majority of assets in order to follow the pan flu.

-Plan for distributing antivirals. The original shipment wasn't adequate to cover essential personnel / 1st responders, per our dispensing plan. I would also recommend that some of the stocks distributed to hospitals be put aside for not only hospital staff / patients, but also for long term care / prison populations / homebound (if there is enough).

-Rapid changes, difficult keeping up with latest updates. Advantage- we had mock events prior to actual event which helped (we had staff assigned to Emergency Management- they had community contacts). Talking to MDCH staff extremely helpful- thank you!

-It would help if all updates were dated and changes highlighted so you didn't have to look for changes in updated policies sent.

-Loved algorithms state developed- Dr's offices also appreciated these.

-Because we are a multi-county health department it was wonderful having back up help from other counties.

-Very pleased with documents being posted on HAN, easy to get to.

-When I receive phone alerts there are times that I can not understand the message, words seemed garbled, mispronounced.

-A suggestion when changes occur in the future, i.e. algorithm / policies and procedures, please highlight the change. We're familiar with original info in time of rapid changes like we experienced we just need to know the immediate change please helps make things easier by highlighting just what was changed. Also please put the date on your info sheets, some did have but some didn't.

-Speak with all the LHD medical Directors regarding test approval; should be arranged consistently through CD staff. I know our MD meant well, but it created more work for our CD staff. We'd receive lots of calls from MDCH for more info on pt's our MD approved.

-MDCH to be a little more consistent with HCWs / physicians that they must (not or) go through LHD when wanting further testing. Not so much for approval, but so we know who's being tested. We can keep better track of clients, etc.

-MDCH Epi Staff worked on contact investigation on some of our cases over the weekend. I would have liked someone to email me to let me know who they contacted, what was said, so we can add this to our nursing notes and file.

-I want to be able to rely on the HAN for updates. Not so much EpiX. Some updates on EpiX were more updated than what was on the HAN. When we're that busy I don't have time to go to different resources.

-Amount of communication- every day I received numerous updates via email all with useful links to MDCH/CDC. Updates come in entitled "lab updates" or "talking points" or etc. Every day something new, too much to read so I began looking only for most current and deleting the rest- if not titled clearly made information pertinent to me hard to find quickly. So much info with subtle daily changes- maybe a system code or something to ID that this info is to replace that info. It became easier to get info from news media, which of course I don't trust to get it right! I stopped trying to keep up, only opening newest info when I had to.

-Once a county has a case the LHD needs to be given the changes i.e. no longer testing. This information then needs to be related to healthcare providers.

-I started out overwhelming information, then day by day weeded out the information that became non-applicable. My concern was that I would remember the non-applicable information- my thought would be approx. every few days give updates about this is what's most current for antivirals- date, case definition- date, community mitigation-date, school mitigation-date. This would be information to keep from this current date and may discard previous.

-The CDC had a helpful way of indicating changes in the daily updates. The MDCH update got to be old for me. I think the "new" indication would be helpful.

-I think the HAN functioned wonderfully

-I thought MDCH did an exceptional job with communication in general.

-It would have helped to alter the lab submission process too. 1) Enter in MDSS, 2) e-mail epi staff at swine flu email address with MDSS # only to protect confidentiality, 3) fax data collection sheet. Calling with info slowed process down on both sides.

-Obtain input from local level prior to implementing new procedures involving local level and/or community (hospitals). We really can be valuable in logistics / movement of information.

- JIC info was great, conference calls were helpful, website updating at consistent times (sort of), website info.

-One difficulty was deciphering the actual lab test that was being done. There was confusion over quick tests, what the results meant, who should have what type of test, and where it should be done. I would find it helpful to have a laboratory reference sheet that lists what tests are done to determine a case of H1N1 flu in fairly easy to understand language for non-lab professionals to use.

-Website available to provide updated information on a regular basis.

-Communication seemed to decrease once enhanced surveillance began at the hospitals. LHD were not aware of lab submissions or what to do regarding follow-up when they appeared in MDSS.

- Good relationships with BOE and BOL staff who could answer questions.
- Speed of changing information, not enough HAN messages for MDCH at beginning of outbreak.
- This is the 2nd instance in the last 2-3 years where we sent a health alert to doctors regarding lab testing procedures, with specific guidance on whether to contact MDCH or LHD, and then the guidance changed so fast that we had to send a 2nd alert on the same day.
- In the future, could MDCH, BOE, or BOL send LHD an immediate HAN to alert them that the guidance may change daily or more often and to warn us to not be too specific in our health alert. At least this way we can explain that a change may come, or maybe just tell us if we should hold off on sending a health alert until further notice.
- Guidance from CDC and state- resources and updated guidelines were both very helpful, continual updates were very good.
- In hindsight more direction in lab submission and help with physicians questions; FAQs for medical community.
- It would be helpful to have better guidance on how to handle physician questions and concerns especially about testing; more templates for letters to physicians, schools, businesses.
- Case investigation form needed question on employment.
- Overall it went very well. The guidance and communications are appropriate.
- Changing guidelines sometimes hidden in other updates- would be helpful to get all major guidelines in separate emails with specific title (especially if we need to go back and find it later).
- All together did very much appreciate the help and guidance and that it was done quickly in response to changing situation.
- Difficulty was our area labs. At first there was a big concern on how to get the testing kits and then how to get them (specimens) to Lansing Lab. The labs were not prepared to respond to a pandemic, there were several frustrations in the beginning.
- I was grateful for the epidemiologists at the state to help our county with many of our suspect cases and deciding on approving a specimen.
- In our county we are use to getting results via fax, I think e-mail is great, but we check the fax machine more than our e-mail. So please keep sending results via fax, if possible.
- Having people or outside providers be aware of the ever changing guidelines for testing.
- I was pleased to the amount of information that was provided.
- Information was readily available but changed so rapidly. Had to advise providers or make press releases when info, became obsolete so quickly.
- Very challenging to maintain update physicians, long term care, school, etc.

-Had a chance to actually test procedures we have in place and work to improve. Increased ability of public health to work effectively with community partners.

-Pressure received from schools to get lab results. Lab results were not released at time promised and school had to make decisions regarding closing on short notice. Communication about delays would have been appreciated from the lab.

-Please release case results to local health departments before releasing numbers via the media. Communication regarding release of results would have been helpful, we weren't sure if results would be received by fax or telephone or emails. Early mention of Pandemic flu level changes would have been helpful.

-Criteria set but then changes and disclaimers saying "if physicians feel strongly about submitting a specimen, they can do that." We didn't find any negative Influenza A's that physicians wanted to send in were positive for H1N1.

-Lots of confusion with the specimen kits and which ones to use. It was too difficult trying to get kits, hospital also had problems. After hour state contact not always helpful and sometimes not easy to get a hold of.