This section discusses the following topics:
- Pediatric Surge Considerations
- Pandemic H1N1 Epidemiology
  - Pediatric H1N1 Considerations for Hospitals
Pediatric Challenges for Surge Planning

- 6% of hospital beds in California are pediatric beds
- Low percentage of EMS calls involve children
- Lack of specialists during surge events
- Lack of size-appropriate equipment - IV catheters, O2 masks, ET tubes etc
- Easy to “scoop and run” with a pediatric patient
- Assumptions that pediatric patients will be able to be transferred to “other facilities” quickly

Pediatric Surge Considerations

- Coordinate with area resources for plans to deal with large number of pediatric patients
  - Assess additional pediatric beds that may be available
  - Develop plans for transfer of pediatric patient to appropriate hospitals if possible
- Identify Appropriate Child Care Space
  - Provide childproof areas
  - Ensure appropriate access control
- Identify Staff Members for pediatric care response
  - Assess current staff for specialty skills
  - Provide pediatric training or just-in-time training
Pediatric Surge Considerations

- Identify appropriate pediatric medical and non-medical supplies
  - Identify stock on hand as well as ability to resupply
  - Identify formulas, diapers, cribs, etc.
- Determine available pharmaceutical types
  - Use methods consistent with current practice to determine dosing
Pandemic H1N1 in the US

Laboratory Confirmed H1N1 Case Count

- United States**
  - 9,079 hospitalized cases
  - 593 deaths

Case characteristics*
- 50% male
- Median age:
  - All cases: 12 years
  - Hospitalized: 20 years
  - Deceased: 37 years

Counts of confirmed cases affected by guidance to focus on high risk individuals

* A. Fiore, Novel H1N1 Epidemiology Update, Influenza Division, Centers for Disease Control, Presentation July 24, 2009
** http://www.cdc.gov/h1n1flu/update.htm (accessed 09/09/09)

Laboratory Confirmed H1N1 by Age Group (n=43,771)*

- Percentages represent proportion of total cases

* A. Fiore, Novel H1N1 Epidemiology Update, Influenza Division, Centers for Disease Control, Presentation July 24, 2009
Hospitalizations by Age Group of Lab Confirmed H1N1 (n=5011)*

* A. Fiore, Novel H1N1 Epidemiology Update, Influenza Division, Centers for Disease Control. Presentation July 24, 2009

Distribution by Age Group of Persons Hospitalized with Seasonal Influenza or Pandemic H1N1*

* A. Fiore, Novel H1N1 Epidemiology Update, Influenza Division, Centers for Disease Control. Presentation July 24, 2009

Pediatric Deaths

Number of Influenza-Associated Pediatric Deaths by Week of Death: 2005-06 season to present
Summary of Key Epidemiological Findings

- Distribution of cases/hospitalizations/deaths
  - Highest incidence of infections in school aged children
  - Highest hospitalization rates among 5-24 yrs
  - Hospitalization rates April-July 2009 similar to annual cumulative rates for seasonal influenza among school aged children and adults aged 18-49
- Distribution of cases by age group is very different compared to seasonal influenza
  - Higher proportion of hospitalized cases in children and young adults
  - Few cases in older adults
  - No reports of outbreaks in long term care facilities
- 70% of hospitalized cases have an underlying medical condition

Pediatric Surge Planning for H1N1

- High percentage of people affected are less than 24 years old
- Children less than 5 years old have highest hospitalized complications
- Flu symptoms in children more difficult to identify
- Children may transmit flu up to 4 days before they show symptoms
- Children are GREAT ‘spreaders’ of disease

Pediatric Surge planning for H1N1

Communication
  - Updates from health department on epidemiology, infection control, treatment and prophylaxis
  - Latest information posted on H1N1 Flu A webpage via Intranet
    - Posters, videos
  - Weekly presentations to Executive Leadership
  - Direct patient care emails
  - Infection Control staff attend Daily Bed Meeting, Managers meeting, in-services
  - Weekly conference calls with representatives from IC, ID, Patient Care, Administration
    - Review weeks ED census and laboratory data
    - Discuss any problems/concerns
Pediatric Surge planning for H1N1

Links to Centers for Disease Control and Prevention (CDC) and CDPH webpage, video on proper fit of N95 respirator, posters on hand/respiratory hygiene in multiple languages

Screening
- All patients, visitors and vendors screened at front desk for flu-like symptoms
- Green dot placed on badge for outpatient areas

Emergency Department
- Coordinated with Patient Care Services/Medical Staff to increase personnel during surge
- Designated space to separate flu patients
- Monitor census daily
- Alternate care models in ED to promote throughput
  - Consider “Ultra-Fast Track” to treat mild cases quickly

Visitation Policy
- Limit visitor per patient for all units
- Audit compliance

Events
- Coordination with Foundation, Family-Centered Care Support Services, Volunteer Dept for approval

Inventory Assessment
- Continual evaluation of supplies of hand gels, soaps, gowns, gloves, masks, N95
  - Difficulty obtaining N95 from vendors
  - Staff education to prevent misuse of N95s
  - “Just in Time” training
Pediatric Surge planning for H1N1

Updating Pandemic Flu Plan

- Staffing shortages
  - Use of licensed staff that does not do clinical care on a day to day basis
  - Consider training needs
  - Are your staff teaching their children how to stay well

- Screening healthcare workers
  - Review fitness for duty policies
  - Review sick leave policies

Resources

- H1N1 Information
  - www.cdc.gov/h1n1flu/
  - www.cdph.ca.gov/HealthInfo/discond/Pages/SwineInfluenza.aspx

- Pediatric Training & Surgeworld
  - www.chladisastercenter.org

- Pediatric Surge Pocket Guide
  - http://publichealth.lacounty.gov/eprp/plans.htm

Questions?

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