



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

October 7, 2009

Dear Tribal Leader:

I am writing to you today to provide you with a copy of the *2009 H1N1 Influenza Planning and Response: Resource Guide for American Indian/Alaska Native Tribal Governments*. The President and I are actively engaged in efforts aimed at slowing the spread of the H1N1 flu virus and have developed a national preparedness and response framework for action that builds on the efforts and lessons learned from this spring's initial onset. I want to assure you that our efforts at HHS include communication and coordination with you and the communities that you serve.

We know that H1N1 is affecting a different population than seasonal flu. In particular, children, young adults, and pregnant women appear to be at more risk for serious medical complications. The attached document is meant to serve as a resource for you as you prepare your community, as well as a guide to existing pandemic influenza preparedness activities and who to contact for technical assistance.

All of us share in the responsibility to plan for this fall's flu season. To help prepare for this responsibility, I am asking everyone to visit the website www.flu.gov, where you will find information that will help individuals, families, and businesses take the necessary steps to plan for the flu season and limit the spread of the H1N1 virus. By utilizing the resources at www.flu.gov and in the *Resource Guide for American Indian/Alaska Native Tribal Governments*, we can work together to protect the health and well-being of our families, friends, and communities.

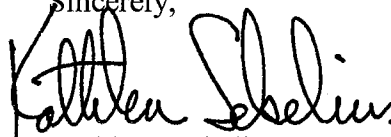
Primary Tribal contacts for H1N1 are:

Darrel LaRoche,
Director of Emergency Services
Indian Health Service
Phone: 301-443-0046
Email: Darrell.laroche@ihs.gov

Ralph T. Bryan, MD, FIDSA
Senior Tribal Liaison for Science and Public
Health
Centers for Disease Control and Prevention
Phone: 505-248-4132
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Please feel free to contact Stacey Ecoffey, Principal Advisor for Tribal of Intergovernmental Affairs, at 202-690-6060 if you have further questions about our outreach to Tribes.

Sincerely,


Kathleen Sebelius

Enclosure

2009 H1N1 Influenza Planning and Response: Resource Guide for American Indian/Alaska Native Tribal Governments

American Indian/Alaska Native (AI/AN) Tribal governments and communities and the Indian Health Service will be essential partners in the response to the 2009 H1N1 influenza pandemic. Information on how AI/AN governments, organizations and communities can participate in existing pandemic influenza preparedness activities and receive resources is included below. This information is meant to serve as a resource for tribal governments and tribal emergency preparedness planners, IHS, Tribal and Urban (I/T/U) Indian health care facilities, and state and local partners.

Funding for 2009 H1N1 response planning and implementation

In light of the on-going 2009 H1N1 influenza pandemic, Congress appropriated funding for the "Public Health and Social Services Emergency Fund" to prepare for and respond to the influenza pandemic. HHS received \$350 million in supplemental pandemic 2009 H1N1 funds, \$260 million of which went to CDC to support and enhance state and local public health infrastructure critical to public health preparedness and response. Ninety million dollars has been awarded by HHS through the Hospital Preparedness Program (HPP). Because of the need for a quick turnaround, CDC used existing funding mechanisms and has awarded the \$260 million through a Public Health Emergency Response (PHER) grant to the current 62 Public Health Emergency Preparedness (PHEP) grantees. The grantees submitted their PHER applications on July 24, 2009. There was a supplement to the PHER grant (PHER Phase II grant) for an additional \$248 million for vaccination planning and for laboratory testing, epidemiology, surveillance, and other associated pandemic preparedness and response activities. The application deadline for PHER Phase II funds was August 13, 2009. Additionally, CDC plans to award an additional \$846 million to PHER awardees for implementation of the 2009 H1N1 influenza mass vaccination campaign (PHER Phase III). The application deadline for PHER Phase III funds was September 15, 2009.

The PHEP grant program was created by legislation as a mechanism for distribution of funds to States and Territories. The legislation did not include tribes as eligible grantees. Current PHEP grantees include all 50 states, the District of Columbia, 8 territories, and 3 urban health agencies. Because only current PHEP grantees are eligible for the PHER funds, tribes are not eligible to apply. Tribes can, however, receive funds from state PHER awards. CDC included specific language in the 2009 H1N1 PHER application mandating that states "*... work closely with local and tribal entities and governments to assure preparedness at all levels of government and access to the funding necessary to achieve this goal . . . CDC expects the states to engage American Indian/Alaska Native tribal governments, tribal organizations representing those governments, tribal epidemiologic centers, and/or Alaska Native Villages and Corporations located within their boundaries.*" States may use different mechanisms for distributing the funds to local areas and tribal communities, so it is essential that tribal governments reach out to states and counties to discuss the resources needed to assist tribal communities in their 2009 H1N1 planning efforts. These discussions may also need to address how tribal nations that cross state or county lines can access resources, including contact and planning with multiple states. The full funding announcement can be found at www.grants.gov, Funding Announcement Number: CDC-RFA-TP09-902-H1N109.



The HPP funds will be distributed by HHS to states. While IHS and tribal hospitals cannot apply directly for HPP funds, Tribal hospitals are eligible to receive funds through their state to supplement existing federal funds that they receive. Additionally, IHS hospitals, depending on the authority of IHS, may similarly be eligible to receive funds through the state.

Strategic National Stockpile

The Centers for Disease Control and Prevention maintains a Strategic National Stockpile (SNS) that includes large quantities of medicine and medical supplies to protect the American public in the event of a public health emergency. The SNS contains medicines and materials for the 2009 H1N1 response, and is distributed through states. Tribes must therefore coordinate with their states and local points of contact to determine SNS resource needs and distribution plans for their communities. In some states, this coordination may require collaboration between the tribe, the local health department, and the state agency. Examples of Mutual Aid Agreements between states, counties and tribes for accessing SNS resources and other public health emergency response activities can be found at: <http://www2a.cdc.gov/phlp/mutualaid/mutualResources.asp#>. More information on the SNS can be found at: <http://emergency.cdc.gov/stockpile/index.asp>. A resource guide for AI/AN government leaders on accessing SNS supplies can be found at: http://www.cdc.gov/h1n1flu/pdf/preparing_tribal_national_stockpile.pdf

Antiviral Medication and Personal Protective Equipment (PPE*) Distribution

Use of antiviral medications is an important strategy for preventing serious disease in those infected with 2009 H1N1. Use of PPE can limit transmission of H1N1 and protect against infection. Antiviral medications and PPE are included in the SNS, though this will not be the only source. Sources of antiviral medications and PPE are different for HHS healthcare personnel than for the rest of the population:

- **For HHS healthcare personnel at high risk for exposure** to 2009 H1N1 (includes federal, tribal and contract personnel employed at an I/T/U facility):** HHS is securing antiviral medications and certain PPE items (N-95 respirators) that will be distributed through the IHS National Supply Service Center.
- **For the general population (including patients at I/T/U facilities) and other critical infrastructure personnel (including healthcare personnel who are not high risk for exposure):** To supplement facility supplies in the case of a severe outbreak, antiviral medications and PPE will be distributed from the Strategic National Stockpile (SNS) to states who will then distribute them to healthcare facilities and communities as needed. In some states, tribes may need to work with local/county health departments to clarify logistics of this process.

2009 H1N1 Vaccine

* PPE includes surgical masks, N-95 respirators, gowns and gloves

** HCP at high risk include those providing direct patient care to known or suspected 2009 H1N1 patients or lab personnel collecting or handling specimens from possible 2009 H1N1 influenza patients.



Production of 2009 H1N1 vaccine is currently underway, and vaccine is expected to be available starting in early October, with a larger-scale program beginning in mid-October. ***Vaccine will NOT be distributed through the SNS.*** The federal government will purchase the vaccine, and CDC will coordinate vaccine distribution using procedures similar to those used in the Vaccine for Children (VFC) program. CDC will coordinate a parallel vaccination program for the Federal workforce separate from State-managed programs. The Federal workforce vaccination program would include all IHS, tribal and contract personnel who provide care in IHS, Tribal, or Urban Indian (I/T/U) facilities. Vaccine for the general I/T/U patient population will come from state allocations.

- **For healthcare personnel employed in IHS, Tribal and Urban (I/T/U) facilities.** There is a separate allocation for federal healthcare personnel (HCP), and vaccine orders will be placed by IHS to CDC and distributed to sites via the IHS National Supply Service Center. Allocations will be based on the HCP estimates provided by each facility.
- **For the general population, including patients at I/T/U facilities:** States are responsible for identifying providers who will participate in administration of 2009 H1N1 vaccine. Vaccine will be shipped to participating providers through a centralized distribution process where placing of orders is managed by the health department and this information is transferred by CDC to the distributor. In most areas, vaccination will be made available through public mass vaccination clinics, school-located clinics, and a range of private sector providers (provider offices, retail pharmacy chains, workplaces, etc.). It will be important for tribes to collaborate with state and local health jurisdictions in planning school-based and community-based mass vaccination campaigns. Links to information on each state's 2009 H1N1 vaccine distribution plan can be found at: <http://www.cdc.gov/h1n1flu/vaccination/statecontacts.htm>

Initial Target Groups for Vaccination

CDC's Advisory Committee on Immunization Practices (ACIP) has recommended that certain groups of the population receive the 2009 H1N1 vaccine when it first becomes available. These target groups include:

- pregnant women
- people who live with or care for children younger than 6 months of age
- healthcare and emergency medical services personnel
- persons between the ages of 6 months and 24 years old
- people ages 25 through 64 years of age who are at higher risk for 2009 H1N1 because of chronic health disorders or compromised immune systems

It is important to note that target groups may change depending on the 2009 H1N1 disease burden and vaccine availability. More information on target groups for vaccination can be found at: <http://www.flu.gov/vaccine/index.html>.



QUESTIONS AND ANSWERS

Questions Related to Funding

Can tribal governments receive 2009 H1N1 planning and implementation funds?

Yes. While tribes cannot apply for the PHER funds allocated by CDC, they can receive funds from their state.

Why can't tribes apply directly for PHER funds?

In order to get the funding out quickly, CDC had to look to existing funding mechanisms, such as PHEP grants. The original legislation that created the PHEP grants did not include tribes, and since this is the mechanism being used to distribute the 2009 H1N1 funds, tribes are not eligible to apply for funds directly.

Can IHS and tribal hospitals receive 2009 H1N1 funds through the Hospital Preparedness Program?

Yes. The HPP funds will be distributed by HHS to states. While IHS and tribal hospitals cannot apply directly for HPP funds, tribal hospitals are eligible to receive funds through their state to supplement existing federal funds that they receive. Additionally, IHS hospitals, depending on the authority of IHS, may similarly be eligible to receive funds through the state.

Whom should we contact with questions or concerns related to funds for planning and vaccination implementation?

You can contact the IHS Emergency Management Point of Contact (EMPOC) for your Area (contact information below). In addition, each project area has a CDC project officer with the Division of State and Local Readiness assigned to oversee the PHER funds. Contact information for the CDC Project officers for each project area is included below.

Questions Related to the Strategic National Stockpile (SNS)

Whom should we contact with questions or concerns related to SNS supplies?

Each IHS Area has an Emergency Management Point of Contact (EMPOC) who can assist in putting you in touch with your state SNS coordinator. EMPOC information is included below.

Questions Related to Vaccine

Should we wait until we receive 2009 H1N1 vaccine to begin seasonal influenza vaccination?

No. Seasonal influenza vaccine is currently available in many places, and providers are encouraged to begin vaccination against seasonal influenza as soon as they receive the vaccine.

How do we get 2009 H1N1 vaccine for our population?

Vaccine for the general population will be distributed through states under a state health department-managed process. Providers who want to receive 2009 H1N1 vaccine should contact their state immunization contact. A list of state 2009 H1N1 vaccine contacts can be found at: <http://www.cdc.gov/h1n1flu/vaccination/statecontacts.htm>.



Many states are asking providers to pre-register to receive 2009 H1N1 vaccine – your state or local immunization program can provide more information.

Can I/T/U facilities purchase their own supply of 2009 H1N1 vaccine?

No. 2009 H1N1 vaccine is not a commercially available product. This vaccine is only available from the Federal government through CDC and state/local health departments. There is no charge for the vaccine and no option to purchase extra doses of the vaccine through private channels.

Will there be a separate vaccine allocation for IHS-served populations and other tribal communities?

No. There will not be a separate allocation for tribal populations. Vaccine for tribal populations will come out of state allocations. States and local areas need to work with their tribal populations to ensure access to vaccine. If a tribe has difficulty obtaining vaccine for its population, the tribe should contact its IHS Area Emergency Management Point of Contact (EMPOC) or its IHS Area Immunization Coordinator who may be able to assist. EMPOC information is included below. A list of the IHS Area Immunization Coordinators can be found at:

http://www.ihs.gov/epi/index.cfm?module=epi_vaccine_staff

Will there be a separate vaccine allocation for healthcare personnel working in an IHS, Tribal or Urban Indian (I/T/U) facility?

Yes. There will be a separate vaccine allocation for all federal healthcare personnel, including those employed in an I/T/U facility. This includes federal, tribal and contract employees. IHS will place orders for 2009 H1N1 vaccine through CDC, and vaccine will be distributed to I/T/U facilities via the IHS National Supply Service Center.

What are the requirements for I/T/U providers to receive and administer 2009 H1N1 vaccine?

All providers of 2009 H1N1 vaccine will need to complete a provider agreement, which outlines the conditions the provider agrees to, including adherence to recommendations for use of vaccine and submission of vaccine utilization reports to the state.

Can we bill third-party payers for 2009 H1N1 doses administered?

You cannot bill for the cost of the vaccine, as the federal government will be covering the cost of the vaccine. An administration fee for patients who have insurance or who are enrolled in Medicaid or Medicare can be billed.

Will there be enough 2009 H1N1 vaccine for everyone?

Eventually there will be sufficient 2009 H1N1 vaccine to vaccinate everyone in the United States who wants to be vaccinated. Initially, however, there will be a limited supply of 2009 H1N1 vaccine, which is why recommendations for target and priority groups have been developed. Because they are at higher risk for getting and spreading 2009 H1N1 influenza and/or suffering complications, these priority groups should receive the vaccine first. Once the priority groups have been offered vaccine, vaccine can be offered to others as outlined in the ACIP recommendations.



Protecting our elders is important. Why aren't people 65 and older a priority group for 2009 H1N1 vaccine?

Studies show that people 65 years and older are less likely to be infected with 2009 H1N1 than younger age groups. People of any age who take care of infants less than 6 months, however, are among the initial target groups for 2009 H1N1 vaccine. Once demand for vaccine has been met among the highest-risk groups, other groups, including those 65 years and older, can be vaccinated. Although initial supply will be limited, eventually there will be enough vaccine for everyone who wants to be vaccinated. Persons 65 years or older should receive the 2009 *seasonal* influenza vaccine as soon as possible, and should seek medical care promptly should they develop flu-like symptoms.

Whom should we contact with questions or concerns related to 2009 H1N1 vaccine distribution?

State immunization programs are coordinating vaccine distribution in each state. Questions concerning vaccine distribution should be referred to your state immunization program. A list of state immunization program contacts can be found at: <http://www.immunize.org/coordinators/>. In addition, each IHS Area has an IHS Emergency Management Point of Contact (EMPOC) and an IHS Area Immunization Coordinator who may be able to assist. EMPOC information is included below. A list of the IHS Area Immunization Coordinators can be found at: http://www.ihs.gov/epi/index.cfm?module=epi_vaccine_staff

Where can I find more information on 2009 H1N1?

General information on 2009 H1N1 as well as a link to the CDC website with specific guidance for certain groups and settings can be found at www.flu.gov. Some specific links for certain topics include:

Schools

<http://www.flu.gov/professional/school/index.html>

2009 H1N1 Vaccine

http://www.cdc.gov/h1n1flu/vaccination/public/vaccination_qa_pub.htm

Clinical and Public Health Guidance

<http://www.cdc.gov/h1n1flu/guidance/>

2009 H1N1 Vaccine Planning

<http://www.cdc.gov/h1n1flu/vaccination/statelocal/qa.htm>



Contact Information:

IHS Emergency Management Points of Contact

IHS Area	Name	Telephone	Email
HQ	CDR Darrell LaRoche	(301) 443-0046 office	Darrell.laroche@ihs.gov
HQ Alternate	CAPT B. Kevin Molloy	(615) 467-1504 office	Bruce.molloy@ihs.gov
Aberdeen	CDR Jon Fogarty	(605) 226-7510	Jon.fogarty@ihs.gov
Alaska	LT Kevin Bingley	(907) 729-3610	Kevin.Bingley@ihs.gov
Albuquerque	CDR Brian Hroch	(505) 248-4594	Brian.hroch@ihs.gov
Bemidji	Mr. Louis Erdrich	(218) 444-0507	Louis.erdrich@ihs.gov
Billings	CDR Gary Carter	(406) 247-7090	Gary.carter@ihs.gov
California	Mr. Ed Fluette	(916) 930-3945 ext. 334	Edwin.fluette@ihs.gov
Nashville	CAPT B. Kevin Molloy	(615) 467-1504 office	Bruce.molloy@ihs.gov
Navajo	Ms. Sherri Helton	(928) 871-1370	sherri.helton@ihs.gov
Oklahoma	CAPT Richard Turner	(405) 951-3877	Richard.turner2@ihs.gov
Phoenix	CAPT Greg Heck	(602) 364-5062	Gregory.heck@ihs.gov
Portland	LCDR Celeste Davis	(503) 326-7273	Celeste.davis@ihs.gov
Tucson	George Bearpaw	(520) 295-2402	George.bearpaw@ihs.gov

CDC Division of State and Local Readiness Project Officers

Project Area	Name	Telephone	Email
Montana, N. Dakota, S. Dakota, Utah, Wyoming	Greg Smith	404 639 7703	ggs0@cdc.gov
American Samoa, CNMI, FSM, Guam, Hawaii, Marshall Islands, Palau, Arizona, Nevada, California, LA County	Janice McMichael	404 639 7943	jrm6@cdc.gov
Idaho, Alaska, Oregon, Washington, Arkansas, Oklahoma, Texas	Andrea Davis	404 639 7177	goa9@cdc.gov
Arkansas, New Mexico, Oklahoma, Louisiana, Texas	Karen Willis-Galloway, Clint Matthews	404-639-7451 404-639-7638	klw5@cdc.gov div8@cdc.gov
Iowa, Nebraska, Colorado, Kansas, Missouri	Terence Sutphin	404 639 7441	tus9@cdc.gov
Delaware, District of Columbia, Maryland, Virginia, Pennsylvania, W. Virginia	Trevia Brooks	404 639 7613	tnb9@cdc.gov
Chicago, Illinois, Indiana, Michigan, Wisconsin, Ohio, Minnesota	Terrance Jones	404 639 7047	tcj9@cdc.gov
New York City, New York State, New Jersey, Puerto Rico, U.S. Virgin Islands	Keesler King	404 639 7423	knk8@cdc.gov
Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont	Pete Hoffman	404-639 7305	zvp3@cdc.gov
Alabama, Georgia, Mississippi, N. Carolina, S. Carolina, Florida, Kentucky, Tennessee	Mark Green Liz Martinez	404 639 7268 404 639 7086	mlg5@cdc.gov esm5@cdc.gov

