American Academy of Pediatrics
“Enhancing Pediatric Partnerships to Promote Pandemic Preparedness” Meeting

NEW MEXICO STATE ACTION PLAN
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State Models:
1. Close bonds between pediatricians and state health department, with many pediatricians at health department.
2. Frequent messages from state health department, summarizing latest information from CDC and state epidemiology.
3. Strong effort to get H1N1 vaccine out to public, once available.
4. Special “flu-symptom clinics” set up, functioned well.
5. Regional call centers worked well.
6. School (seasonal) flu vaccine program well-developed, served as model for H1N1 program in many parts of state.
7. Partnerships in New Mexico resulted in our state having vaccine coverage above the national average—something we can all be proud of.

Key Challenges:
1. Unclear how to communicate with all of the players in the developing pandemic – physicians, hospitals, pharmacists.
2. Uncertainty as to latitude given by CDC to state health department regarding distribution of early-arriving vaccine.
3. Vaccine repackaging and shipping stressed the Department of Health Public Health Division for a time, but then systems and procedures were developed and were effective.
4. Some physicians placed too much credence in rapid influenza tests, despite evidence that they were insensitive to the epidemic strain.
5. Predictions that vaccine would arrive earlier than it actually did; then distribution system being swamped by having to deal with both vaccines at once.

Action Steps:
1. Create a committee within the New Mexico Pediatric Society to plan responses to anticipated disasters.
2. Review state disaster plan to determine its responsive to children and consult with state Department of Health regarding perceptions of any needs for additions or changes.
3. Plan to negotiate with CDC using locally-gathered epidemiology for targeting early-arriving vaccine in a pandemic situation.

For more information, contact Laura Aird, MS, Manager, Disaster Preparedness and Response
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4. Include in plan a communication strategy, soliciting preferred means of receiving information from those who need to know on on-going basis. If the disaster is indeed another epidemic, practitioners will need to know at least the following:
   A. Up-to-date epidemiology within and beyond New Mexico, including groups most affected and risk factors for severe disease
   B. Vaccine predictions, availability and distribution methods
   C. Medication treatment recommendations and means of obtaining
   D. Up-to-date situation in New Mexico hospitals
   E. Alternatives for patients needing to be seen when provider swamped.
   F. Figure out a better vaccine repackaging and shipping strategy, perhaps using professional shippers (e.g., FedEx, UPS).

5. Develop plan for use of AAP/ACEP Emergency Information Form to be placed on line through New Mexico Statewide Immunization Information System, to be available to emergency rooms and temporary care givers in case of emergency.

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