

The National Association of County & City Health Officials

The Seasonal and Pandemic Influenza Vaccination Assessment Toolkit

San Francisco Bay Area Advanced Practice Center

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Communicable Disease Control & Prevention Section,
San Francisco Department of Public Health &
Center for Infectious Diseases & Emergency Readiness,
University of California, Berkeley School of Public Health

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San Francisco Bay Area Advanced Practice Center, National Association of County & City Health Officials

The San Francisco Bay Area Advanced Practice Center is a partnership between the San Francisco Department of Public Health, Communicable Disease Control and Prevention Section, and the University of California Berkeley School of Public Health, Center for Infectious Diseases & Emergency Readiness.

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Introduction

1.1 Purpose

The purpose of this toolkit is to help local health department (LHD) staff prepare for future influenza A pandemics by practicing their assessment and implementation skills each year during seasonal influenza. A public health infectious disease emergency response, such as a mass vaccination campaign, will be more effective if we understand the changing needs, attitudes, beliefs, and behaviors of our diverse communities. Because these characteristics can differ significantly by age group, gender, ethnicity, income level, or neighborhood, we can use this knowledge to customize our response.

In this toolkit, using epidemiology and management concepts, we review how to improve our influenza vaccination programs by conducting targeted assessments before, during, and after influenza seasons. To promote successful assessments, we emphasize the value of taking one step at a time prior to an emergency situation. This will make emergency preparedness and response assessment less onerous and more manageable by many public health responders.

Each year, seasonal influenza necessitates a strong public health response in order to reduce the morbidity and mortality from circulating influenza A virus subtype variants. The response effort is concentrated on achieving optimal influenza vaccine coverage in the United States. This annual vaccination effort provides public health agencies the opportunity to evaluate and improve not only their seasonal vaccination capabilities, but also their ability to respond to a future pandemic and other public health emergencies.



Immunization is one of the most important public health interventions in history. It has saved millions of lives over the years and prevented hundreds of millions of cases of disease. Infants and young children need to be vaccinated because the diseases prevented by vaccination can strike at an early age. Also, these diseases can be far more serious or common among infants or young children. Immunization is one of the most important things a parent can do to protect their children's health. Today, we can protect children younger than two years old from 14 serious diseases. Source: CDC Public Health Image Library (<http://phil.cdc.gov/>)

1.2 Background

As the 2009–2010 novel influenza A (H1N1) reminded us, each pandemic is unique in terms of the infectious spread, risk groups for infection, and the public’s perceptions of risk and willingness to get vaccinated. The focus of this toolkit was shaped by the experiences of local health departments that responded to the H1N1 influenza pandemic during the spring and fall of 2009. The rate and intensity at which LHD staff members were expected to respond to mitigate further spread of the H1N1 virus was unprecedented when compared to day-to-day operations.[1] And, in spite of the low virulence of the H1N1 virus, many unforeseen challenges still arose.

1.3 How to Use the SPIVA Toolkit

The SPIVA toolkit is designed to use in part, or in whole. Each of the appendixes can be used as a stand-alone resource to augment existing plans or assist with ongoing community assessments. Each section of the toolkit provides guidance and examples pertaining to different aspects of community assessment. Taken as a whole, this toolkit provides guidance, examples, and functional resources to assist users with implementing community assessments in their jurisdiction.

In Section 1 we provide the introduction to the toolkit and discuss the rationale for creation of the toolkit, the key assumptions made during its design, and the outcomes that toolkit users can expect as a result of its use.

In Section 2 we cover the following topics: differentiating between data types and data collection methods (key informant interviews, focus groups, and surveys); engaging communities in community assessment; conceptualizing and designing a survey; and putting data to use.

In Section 3 we cover how to conduct and manage a survey by discussing the “7 Steps to Highly Effective Surveys,” a step-by-step guide that takes users from defining their goals all the way to communicating their findings.

Finally, in Section 4 we review software and online tools that can assist users throughout the survey design and management process.

1.4 Rationale

- Each influenza season may differ in terms of infectiousness and virulence of the virus and the populations affected.
- To date, the San Francisco Bay Area Advanced Practice Center has not identified a comprehensive survey and assessment tool focused on influenza vaccination.

- The skills gained through implementing the activities presented in this toolkit will be applicable beyond influenza vaccination to a wide range of public health interventions.
- Building partnerships with private providers, local clinics, and community-based organizations is essential to effective public health preparedness and response capabilities.
- Seasonal influenza presents an annual opportunity to evaluate and improve public health preparedness and response capabilities.
- By focusing on community assessments, which help to inform planning, marketing, and risk-communication activities, this toolkit seeks to assist with all-hazards preparedness.

1.5 Key Assumptions

- There will be time, perhaps several influenza seasons, before the world faces another pandemic strain of influenza.
- The toolkit will be used to plan for seasonal influenza vaccination, thus proactively preparing for future pandemics by enhancing public health practitioners' knowledge of the communities they serve.
- During a pandemic, new influenza vaccine production may be delayed resulting in vaccine rationing and prioritization.
- Identifying how best to reach vulnerable populations in advance of an infectious disease emergency will improve our ability to meet their needs.
- In a national emergency, state and federal guidances may supersede local planning assumptions. This toolkit provides a framework for working within a wide range of scenarios without undermining official guidances.

1.6 Expected Outcomes

- Increased number of staff members trained in practical survey and assessment techniques applicable to various public health functions.
- Improved mass vaccination planning and coordination with private providers, community-based organizations, and other key public health partners.
- Effective targeting and marketing to vulnerable populations.
- Integration of community-based organizations into survey implementation to heighten community participation in mass vaccination.

- Increased influenza vaccine uptake, resulting in decreased transmission during influenza season and compliance with the Advisory Committee on Immunization Practice's (ACIP) recommendations.
- Increased awareness of local health conditions and potential gaps in public health preparedness to inform future preparedness planning.