Influenza Epidemic Response: The Boston Public Health Commission (BPHC) and Community Partners

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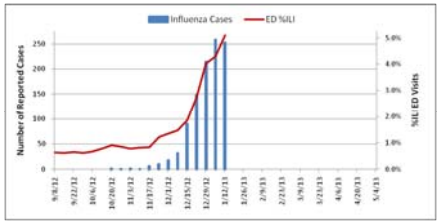
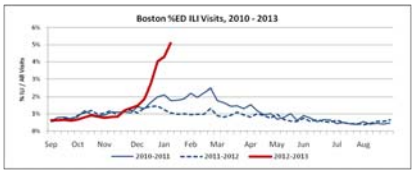
Introduction:

By early January, 2013, over 750 influenza cases in Boston residents had been reported to BPHC, compared to 70 cases for the entire 2011-2012 influenza season.

For Boston emergency departments, influenza-like illness (ILI) was responsible for over 5% of all visits, and at some hospitals, this percentage was much higher, placing a strain on the healthcare system.



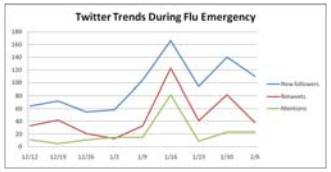


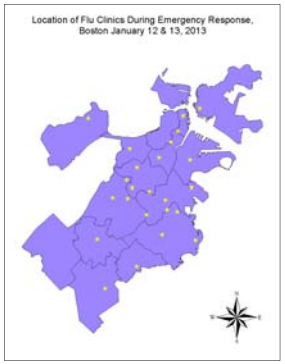
On January 9th, 2013, Mayor Thomas Menino declared a public health emergency, and requested that city-wide vaccination clinics be held on the weekend of January 12-13.

City-wide influenza vaccination: January 12 & 13, 2013

Coordination of influenza clinics

- Community health centers received vaccine and supplies from BPHC
  - BPHC purchased an additional 10,000 doses of vaccine for distribution to community health centers
  - Supplies included syringes, gloves, bandages, alcohol pads, sharps disposal boxes, and educational material
  - Inventory infrastructure and management systems were implemented
- BPHC organized supply trips during vaccination clinics, ensuring continuous supply of vaccine
  - BPHC assisted in staffing of clinics in Roslindale, Hyde Park, and Downtown Crossing
- Twenty four influenza vaccination clinics were supported by BPHC on January 12th and 13th.





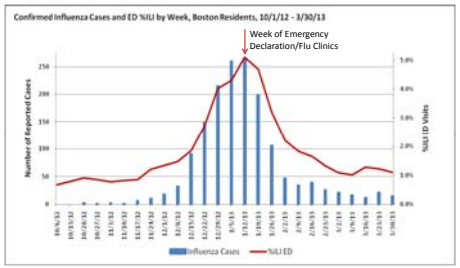
BPHC communication

- BPHC vaccine finder website frequently updated
  - Over 16,000 unique visits recorded
- Mayor's Health Line (MHL) served as a citywide flu information hotline and directed residents to appropriate vaccination locations
  - MHL met the needs of over 1,500 callers during flu emergency
- Social media utilized to spread message about vaccine clinics and other information about influenza
  - BPHC Twitter account received surge in new followers, retweets, and mentions during week of flu emergency.

Results:

Over 7,500 people were vaccinated at 24 public flu vaccination clinics on January 12th and 13th.

Three weeks after the clinics, the weekly number of influenza cases reported to BPHC dropped by 86%, and emergency room visits due to ILI dropped from 5.1% to 2.0%.



Conclusions:

- Large-scale community vaccination can significantly reduce the levels of influenza.
- With appropriate infrastructure and inventory management, large-scale vaccination clinics can occur in a timely manner.
- Coordination with clinical partners and utilization of multiple communications outlets enhances the impact of a vaccination campaign and is critical for success.