

Antiviral Distribution Plan

Introduction

States are responsible for the management of the antiviral drugs they receive from the Strategic National Stockpile (SNS). Each state is responsible for antiviral storage, the division of the allotment into distribution units, and the arrangement for delivery of these units to the organizations responsible for local distribution of the drugs. In addition to federal SNS supplies, New Jersey, within the Strategic State Stockpile (SSS) Program, is currently in the process of stockpiling antiviral drugs. At the time of an event, distribution of antivirals depend on the amounts of antivirals available, the priority groups, and the epidemiology of the disease. For detail, see “Antiviral Treatment/Prophylaxis Distribution Template” (Attachment A).

The New Jersey Department of Health and Senior Services (NJDHSS) coordinates the movement of incoming and outgoing SNS and SSS supplies. The infrastructure established in New Jersey’s SNS Plan is utilized when antivirals are received, staged and distributed. In certain situations, NJDHSS may elect to push out antivirals to LINCS Agencies’ RSS sites, LINCS Agencies’ dispensing sites, treatment centers and other delivery or dispensing locations. Materials may be shipped out daily, other prescribed frequencies or as needed. LINCS Agencies are responsible for distribution to Federally Qualified Health Centers (FQHCs) and LINCS sponsored dispensing sites.

Section 1

Conditions/Environment

The NJDHSS Office of Emergency Planning is responsible for the SSS program. The NJDHSS SNS and SSS Coordinators work in this office. The SSS storage location meets the guidelines for the Federal Food and Drug Administration’s (FDA) Federal Shelf Life Extension Program (SLEP). The following illustrates measures in place to support the proper maintenance and sustainment of antivirals:

- The Storage location is a confidential and secure warehouse that has constant security personnel on-site and is surrounded by a barbed wire fence. All access to the facility is key-controlled and all personnel entering or exiting the facility are visually recorded. In addition, any individuals entering the facility must have a NJDHSS approved photo I.D. and sign in and out on the entry log.
 - An alarm system to alert security and NJDHSS personnel of possible intrusion into the storage area. In addition, the area is monitored 24/7 by closed circuit television at the New Jersey State Police Headquarters.
 - Antivirals are required to be stored in a climate-controlled environment, 59 to 86 degrees Fahrenheit with humidity levels below 60%. Therefore, the facility has a state of the art climate control system installed specifically to meet these standards.

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- The facility has dedicated sensors that continuously monitor the ambient temperature within the facility and the presence of any water incursion (flooding/pipe leak).
- A fire detection/alarm device and adequate fire suppression in accordance with state fire codes.
- An independent office fully equipped with power, internet, analog and digital communications able to sustain operations and rapidly deploy the stockpiled antivirals. Supportive equipment such as forklifts and pallet jacks are also on site.
- Pest control.
- In the event of any power disruption, the warehouse has the built-in redundancy of generators to ensure environmental, security and operational conditions/resources are not compromised.

Section 2

Receipt/Inventory Control

Emergency Preparedness Inventory System (EPIS) is the NJDHSS internet based inventory control system. The SSS Coordinator or his/her designee accounts for and enters into the state's EPIS all SSS and SNS antivirals. EPIS provides the ability for staff to accurately log and control SNS and SSS items and provides "pick sheets" for tracking items to the receiving authority. In addition, EPIS can log users and can track amount, frequency and trends in orders to better gauge future needs and assist in making apportionment decisions. In the event of product loss due to expiration, damage etc, EPIS can administratively remove the items from the system and provide official documentation.

Stockpiled supplies and antivirals have monthly quality control checks to ensure the product has not been environmentally compromised (pests, water etc...) and to ensure the integrity of the stored pallets. At six month intervals, the NJDHSS Stockpile Coordinator conducts a full inventory of items and checks this inventory against the EPIS database. This inventory includes the amount of antivirals and their expiration/lot numbers.

Section 3

Activation/Operations

The NJDHSS SSS and SNS Coordinators are responsible for the overall management of the SSS assets including the receipt, storage and distribution of the inventory.

In the event of a pandemic flu outbreak, the NJDHSS may activate the SNS Plan as a means to distribute antivirals to the State's RSS sites as well as to the LINCS Agencies and acute care hospitals.

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NJDHSS notifies other state agencies that support SNS operations.

For complete/detailed activation and staffing information, please refer to the NJ SNS Plan, a comprehensive plan provided to the CDC's Division of SNS on October 11, 2006.

Section 4

Distribution

All requests for transportation of SNS or SSS supplies go through the State EOC. State resources provide transport of the SNS materiel from the RSS/SSS Warehouses. The Department of Corrections (DOC) and the Department of Treasury (DOT) have responsibility for transportation activities. DOC will provide vehicles with two armed officers per vehicle. DOT will facilitate other vehicles as needed.

The DOC, in coordination with state, county and local law enforcement, will provide security for SNS/SSS materiel when en route from the state sites to the LINCS Agencies and hospitals. When medication is being transported from a LINCS Agency, law enforcement shall escort these vehicles.

There are several possible scenarios for distribution of SNS materiel to the LINCS Agencies' RSS sites and other requestors, depending on the scope of the emergency, number of counties/locations involved, and the number of individuals requiring medications: RSS Warehouse to the LINCS Agencies' RSS location, RSS Warehouse to hospital sites, RSS Warehouse to specific sites within LINCS Agencies' jurisdictions. The LINCS Agency is responsible for receipt and delivery to the FQHCs. (See "LINCS Planning Guide for RSS Warehouse," Attachment B.)

The primary method of transporting SNS materiel to the various sites will be vans, small trucks and tractor-trailer trucks. When necessary, NJDHSS may request LINCS Agencies and hospitals to pickup materials directly from the State designated RSS site or SSS warehouse. LINCS Agencies and hospitals are responsible for developing these contingency plans.

The DOC and the State Treasury Department are the primary transportation providers, however, additional resources can be requested through the State EOC.

At the time of an event, distribution of antivirals depend on the amounts of antivirals available, the priority groups, and the epidemiology of the disease. For detail, see "Antiviral Treatment/Prophylaxis Distribution Template" (Attachment A).

In the event that there is no epidemiological data and quantities of antivirals are insufficient to address all of the interim pre-determined groups, the appropriations will be as follows:

- 60% of antiviral regimens will be directed to hospitals. Each hospital facility will receive an allotment of antivirals based upon the number of staffed or occupied beds.

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- 40% will be allocated to the LINCS Agencies for direct distribution to FQHCs and other health care facilities or alternate dispensing/distribution sites identified by the LINCS Agency. The county and city LINCS Agencies will receive population-based allotments. (See “Antiviral Allotments for LINCS Agencies and Hospitals,” Attachment C.)

The SNS plans in place at the state, regional and local levels are designed to be flexible in order to respond to a changing environment. Epidemiological data would be used to determine the best strategy to limit morbidity and mortality related to pandemic influenza within New Jersey. In the event that New Jersey is the first state to identify a confirmed or suspect case of a novel influenza strain, antivirals may be used to contain the disease. If used, the NJDHSS will recommend case contacts receive antivirals as part of a focused and targeted prophylaxis effort. NJDHSS and the SSS Program would work closely with the local health officials to ensure that affected individuals receive appropriate information and timely antiviral prophylaxis. However, if this strategy proves ineffective at containing the disease or if New Jersey is one of the many affected states, the widespread use of prophylactic antivirals would be inappropriate. In that situation, available antiviral agents would best be used for treatment of symptomatic individuals and prophylaxis of close contacts in the home.

Section 5

Antiviral Treatment/Prophylaxis Distribution Template

The “Antiviral Treatment/Prophylaxis Distribution Template” (Attachment A) is a tool which provides LINCS Agencies and Local Public Health Agencies with guidance and checklists for the selection, setup and operation of appropriate sites for distributing antiviral medications for treatment and/or prophylaxis to the public during an influenza pandemic

Attachment A

Antiviral Treatment/Prophylaxis Distribution Template

The Antiviral Treatment/Prophylaxis Distribution Template is a tool that provides LINCS Agencies and Local Public Health Agencies with guidance and checklists for the selection, setup and operation of appropriate sites for distributing antiviral medications for treatment and/or prophylaxis to the public during an influenza pandemic.

Introduction

The distribution of medications is a core function of influenza pandemic preparedness. The key to survival for many people may be to provide antiviral medications as soon as possible and/or before an individual begins to show clinical symptoms. This distribution is made possible through venues such as LINCS Agency Antiviral Distribution Sites and hospitals.

Advance planning for a coordinated public health response to an influenza pandemic is essential. Supplies of prophylactic/treatment medications may be limited.

Purpose

The purpose of this antiviral treatment/distribution plan is to provide operational and logistical capacity to set up and manage temporary sites for targeted distribution of antiviral medications for influenza pandemic treatment and prophylaxis.

LINCS Agency Antiviral Distribution Sites (LADS) are designed to be activated when circumstances require that a large number of people need Oseltamivir (Tamiflu) for treatment and/or prophylaxis during an influenza pandemic. The extent and sequence in which sites are opened is the purview of the LINCS Agency Health Officer, resources permitting.

Eligible Individuals – Oseltamivir (Tamiflu)

Individuals who have been seen by a health care provider and diagnosed with influenza, but are not so seriously ill as to require hospitalization, are eligible to receive a five-day treatment course of Oseltamivir (Tamiflu) from their appropriate LINCS Agency provided that they have a valid prescription from that health care provider. This is the only medication that will be provided through the LINCS Agency Antiviral Distribution Sites.

Note: If Zenamivir (Relenza) is available to NJDHSS through either future procurement or as a part of CDC's VMI Program, this medication will only be distributed to hospitals for patient care. Zenamivir (Relenza) will not be distributed to LINCS Agencies for treatment for exposed individuals or confirmed cases.

Healthy household members of an individual diagnosed with influenza may be eligible to receive a ten-day prophylactic course of Oseltamivir (Tamiflu), pending the overall supply quantity. During an influenza pandemic, eligible individuals will be asked to send a healthy family

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member, friend or neighbor to the LADS with their valid prescription. **Anyone with symptoms of influenza shall NOT attend a LINCS Agency Antiviral Distribution Site.**

In the event that there is a limited supply of Oseltamivir (Tamiflu) or if supplies on hand fall below 25% of the State level, the medications may be restricted to priority groups of individuals. Determination of prioritization for antiviral agent or vaccine distribution is dependent on ability to minimize morbidity and mortality, state critical infrastructure needs, viral etiology and pharmaceutical available. The Office of the Governor is the authority for final determinations of prioritization.

NJDHSS senior staff, with input from the Influenza Advisory Committee, is responsible for developing and submitting a recommended health-based antiviral administration plan to the Governor. New Jersey's priority groups will be based on the CDC/HHS priority list, antiviral availability and epidemiologic and surveillance data. The priority groups will be re-evaluated during the pandemic based on antiviral availability, and epidemiological and surveillance data.

Once health-based priority groups have been established, NJDHSS will deliberate with other state agencies and determine the need to factor critical infrastructure into the priority list. NJ has identified Critical Infrastructure (CI) sectors and assigned their oversight to individual state departments. As part of the planning process, NJ's Office of Homeland Security and Preparedness (OHSP) has required all CI sectors to identify and prioritize the basic functions necessary to provide minimum services in support of operations continuity and to submit these priorities. Each CI sector must plan to provide at a minimum, basic services with maximum available staffing levels of 50 percent of routine operations. As part of this planning process and in support of maintaining the State's critical infrastructure, CI sectors are being asked to develop prioritized lists of positions supporting essential functions as a basis for determination of antivirals and vaccines distribution. Each agency is to work through their occupational health clinic or contracted provider to identify these positions, identify a point of contact for their institution, and provide antivirals to their employees based on that agency's priorities. These lists are to be held by the originator as part of their COOP, however, the originator is to submit total numbers from these lists to OHSP upon request. OHSP will forward these numbers to NJDHSS for planning purposes.

When a finalized priority list is approved by the Governor's Office, NJDHSS will notify all LINCS Agencies and local health departments through the Health Alert Network and conduct a conference call with them to discuss antiviral distribution and administration strategies. The NJDHSS Office of Communications will hold a press conference and develop a press release in conjunction with the Governor's Office, the Office of Emergency Management and other appropriate agencies, to advise those identified priority groups where and how to be prophylaxed.

Sites & Supplies

Each LINCS Agency must pre-identify an appropriate number of Antiviral Distribution Site facilities and plan for the set-up of each site and incorporate, as necessary, Federally Qualified Health Centers (FQHC) as LAD sites. See "Site Selection Considerations" (Attachment 1). The "Antiviral Distribution Site Information Form" (Attachment 2) should then be completed for each proposed location and kept on file along with a site/setup plan. "Minimum Antiviral Distribution Site Equipment/Supplies" (Attachment 3) details the requirements.

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Procedure

LINCS Agencies are to plan for a minimum daily operation of all Antiviral Distribution Sites between the hours of 9:00 am and 9:00 pm. Staff assigned to Antiviral Distribution Sites are provided antiviral prophylaxis, as needed. Staff shall be assigned to work at the Antiviral Distribution Site(s) for multiple days within the prophylaxis coverage period.

The standard template of patient care (i.e., a one-on-one dialog that includes history-taking, assessment, education and feedback) is modified for the Antiviral Treatment/Prophylaxis Distribution Template. Health care professionals will have already assessed and diagnosed those patients with symptoms of influenza and provided them with the appropriate education and prescription for Oseltamivir (Tamiflu).

LINCS Agencies shall refer to their existing Point of Dispensing (POD) plans when addressing the needs of special populations.

The antiviral distribution system recommended by NJDHSS has four separate but interdependent parts. Each is vital to the overall success of the antiviral distribution template. The four parts of the antiviral distribution template are as follows.

- Screening area
- Distribution area
- Public information campaign
- Support functions (LINCS Agency RSS site, etc)

See “LADS Flow Chart” (Attachment 4) for POD flow.

See “Job Summaries” (Attachment 5) for POD job descriptions and staffing requirements.

1. Screening Area

- As individuals arrive at the LINCS Agency Antiviral Distribution Site, two screeners will supply the appropriate personal protective equipment (PPE) and check that each has a valid prescription and the appropriate household member information if needed. Anyone arriving without the proper prescription/household member information will be referred to a health care provider/clinic if appropriate.
- A screener will advise anyone entering that they must wear a surgical mask and assist with education regarding the proper application and removal of the mask.
- A screener will verify that each individual has a valid prescription for Oseltamivir (Tamiflu).
- Additionally, Oseltamivir (Tamiflu) may be provided as prophylaxis for each household member of that person who is ill. To facilitate this process, screeners will need to check for proof of residency (i.e. mail, driver’s license, physician records, school records, income tax returns)
- Individuals coming to the LADS to pick up medications for an individual diagnosed with influenza, plus their household members will need to complete an “Antiviral Distribution Household Intake Form” (Attachment 6), listing the name, address and contact information of any individuals ill with influenza as well as all household members.
- Individuals will then be directed to a Distribution Area.

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2. Distribution Area

- Staff will provide appropriate educational materials (such as question and answer sheets, fact sheets and general preventive measures) on influenza, antiviral agents, and other relevant topics in various languages.
- Staff will reference the intake form and provide a 5-day course of antiviral medication for any individual with influenza; plus a 10-day course of antiviral medication for any healthy household members if directed by NJDHSS. “Pediatric Instructions” (Attachment 7) will be available as needed.
- **NOTE:** A pharmacist is preferred for staffing this position; in the absence of a registered pharmacist, a nurse could be considered. At a minimum, an individual assigned to distribute antiviral medications shall have a 4-year college degree with 2 years public health experience.
- Translation services shall be available (on site or via telephone) as needed.

3. Public Information Campaign

The purpose of the public information campaign is to educate the public about influenza, its treatment and prevention and the influenza pandemic. Through the campaign, public health professionals will provide specific instructions. The campaign should begin as soon as an influenza pandemic is suspected, and be updated frequently. In conjunction with the campaign, an emergency call center that can be reached through a toll-free number should be opened.

A comprehensive, properly run public information campaign can do much to prevent panic, control the spread of the disease and make the LINC'S Agencies' Antiviral Distribution Sites run more smoothly. First, it will minimize crowds by encouraging non-eligible persons to stay at home. Additionally, the campaign will provide eligible persons/households with all of the information needed to ensure that they can arrive at the distribution site with all of the information and documentation necessary to expedite the process and service the community as quickly as possible.

The public information campaign will provide the following information:

- Public messages instructing those ill with symptoms of influenza to stay home and send a family member, neighbor or friend to the LADS with their prescription and household member information
- Instructions for donning and doffing surgical masks
- Information regarding ways to prevent the spread of influenza
- Oseltamivir (Tamiflu) treatment information
- Oseltamivir (Tamiflu) prophylaxis information (including a statement of the fact that prophylaxis provides protection only for that period of time while an individual is actually taking the medication)
- Compounding/pediatric dosing instructions

4. Support Functions

Each LINC'S Agency must be able to assure the appropriate handling and distribution of all antiviral materials and supplies provided by NJDHSS. To facilitate this process, the following considerations must be addressed:

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- Availability of LINCS Agency RSS site and all personnel and materials needed for its operation
- Availability of personnel, vehicles and equipment needed to deliver medications and supplies to distribution sites (as needed)
- Development of an apportionment plan (as needed)
- Staffing of Antiviral Distribution Site with relief personnel, as needed
- Personalization of public information campaign materials to reflect LINCS jurisdiction

Standing Orders

Oseltamivir (Tamiflu) is a prescription medication. Unlike over-the-counter medications, such as aspirin and cough syrup, it is not available to the general public without a specific recommendation for its use by a licensed health care provider with prescriptive privileges. In a mass treatment/prophylaxis clinic, the need to process large numbers of people quickly and efficiently makes such individualized prescribing impractical. Instead, the means to provide prescription antiviral medication to both ill and healthy populations is through standing orders. See “Standing Orders for Influenza Treatment & Post Exposure Prophylaxis During an Influenza Pandemic” (Attachment 8).

Standing orders provide authorization to medicate a specific population based on predetermined criteria. Before they can be carried out, two functions must be fulfilled. First, the individual must be educated about the medication, and screened to confirm medical eligibility. Second, the individual must give his or her informed consent to be medicated. In the New Jersey Antiviral Distribution Template, declaration of self-education and self-screening are acceptable.

In an actual influenza pandemic, decisions about types of antiviral medication regimens and populations to be treated will be made at the federal and/or state level.

Recordkeeping

LINCS Agencies shall plan for the retention of all Intake Forms. The following information should be reported to NJDHSS Emergency Communications Center (ECC) using the “Antiviral Distribution Daily Report” (Attachment 9):

- Number of Antiviral Distribution Sites open for that day
- Total number of Oseltamivir (Tamiflu) regimens distributed by site (number should equal total of two categories listed below):
 - Number of antiviral regimens distributed for those ill (with prescriptions)
 - Number of antiviral regimens distributed as prophylaxis (healthy household members)

Attachment 1

Site Selection Considerations

Potential sites should be assessed by both public health and law enforcement personnel. See the attached “Physical Requirements and Logistical Considerations” to facilitate appropriate site identification. Because each jurisdiction has unique considerations, this tool is provided as a supportive tool. However, keep in mind that having comparable sites will facilitate mutual aid staffing and provide a basis for standard operating procedure development.

- ✓ Selection of Antiviral Distribution Sites should be based on a worst-case scenario. Facilities should be assessed with consideration to providing prophylaxis to large numbers of individuals in the county/municipalities involved.
- ✓ A greater number of sites enable easier public access, reduced length of line and waiting time and increased efficiency in distribution. The trade off is more security, core staff members and supplies are needed. Therefore it may be more advantageous to have larger and fewer sites.
- ✓ Triage should be located a relatively short distance from the distribution area. Triage design should include:
 - Climate controlled waiting area
 - Special needs accommodations
 - Clean, well-maintained facilities
- ✓ Operating hours at each site should be planned for 12 hours a day.
- ✓ In addition to size and location, consider accessibility to major roads and transportation.
- ✓ The facility should have the capacity to handle large numbers of people under cover and out of the weather.
- ✓ Each site should have, at a minimum, the following characteristics:
 - Heat and air conditioning to maintain controlled room temperature
 - Adequate bathrooms, water and electricity
 - Adequate parking for staff and public
 - Handicap accessibility
- ✓ Possible facilities to consider for Antiviral Distribution Sites locations:
 - Public schools
 - Community centers
 - Government buildings
 - Polling places
 - Private business sites
- ✓ Security Considerations
 - Resources available in the community
 - Local police
 - Other security resources (private security companies, volunteers)

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- Site security
 - External
 - Traffic control
 - Internal
- ✓ Location
 - Consider size and layout of the facility based on the estimated number of people to receive treatment/prophylaxis
 - Ensure that the facility has not already been designated of any other function during an emergency, such as shelter, alternate medical facility, quarantine, etc.
 - Site should be familiar and located within close proximity to the population density
 - Ensure that facility is not located in a flood prone area
 - Ensure the facility is structurally sound
 - Ensure the facility and surrounding environment is free of biological hazards, hazardous materials and mechanical hazards
 - Ensure facility can be secured (access controlled)
- ✓ Accessibility
 - Traffic flow patterns should avoid potential problematic areas
 - Large parking area
 - Access to public transportation
 - Separate entrance and exit that can be secured
 - Handicap accessible
- ✓ Space
 - Single room for distribution process
 - Waiting/assembly area
 - Adequate floor space
 - Adequate area for staff breaks
- ✓ Develop an Antiviral Distribution Site flow chart for each site
- ✓ Evaluate internal/external site communications capabilities
 - Telephone land-lines
 - Use capability of cellular phones
 - Internet access
 - Public use phones
- ✓ Building Safety
 - Fire extinguishers (inspected)
 - Fire alarms
 - Marked exits
 - Emergency lighting
- ✓ Facilities
 - Adequate toilet facilities
 - Staff break area

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- Kitchen area for meal preparation and/or area for catered food
- Climate controlled (68-77°)
- ✓ Equipment needed may include
 - Locked room/the ability to secure medication
 - PPE (N95 masks for staff; surgical masks for all others)
 - Fax machine with dedicated phone line
 - Telephones (both land line and cellular)
 - Computers and printers
 - Office supplies
 - Clipboards
 - Tables and chairs
 - Back-up generator
 - First aid kits
 - Alternate light source
 - Two-way radios
 - Flashlights
 - Appropriate signage
- ✓ Memorandum of Agreement
 - Agencies/facilities that will be providing space, equipment and/or supplies should have agreements developed, signed and reviewed annually

Attachment 2

Antiviral Distribution Site Information Form

Physical Requirements and Logistical Considerations

BASICS

Name of site: _____

Location: _____

Contact person who can activate site on a 24-hour basis

Name: _____

Phone Number: _____

ACCESSIBILITY

Is the site accessible to at least one major access road? YES NO

Is the site accessible to mass transportation? YES NO

Is the site handicap-accessible? YES NO

Number of parking spaces: _____

SIZE

Approximate number of total square feet available and in what configuration. Ideally, each site should have one large room with separate access and egress, plus a staff break area, storage area and rest rooms. (attach site/setup plan)

INFRASTRUCTURE

Does the facility have:

Heat YES NO

Phone lines YES NO Number _____

Fax machine YES NO Number _____

Copy machine YES NO

Internet connection YES NO

Tables and chairs YES NO

TV/VCR/Radio YES NO

Backup generator YES NO

Toilet facilities (how many) _____

SECURITY

Is there controlled access to the site? YES NO

Is there a separate entrance and exit? YES NO

Attachment 3

Minimum Antiviral Distribution Site Equipment/Supplies

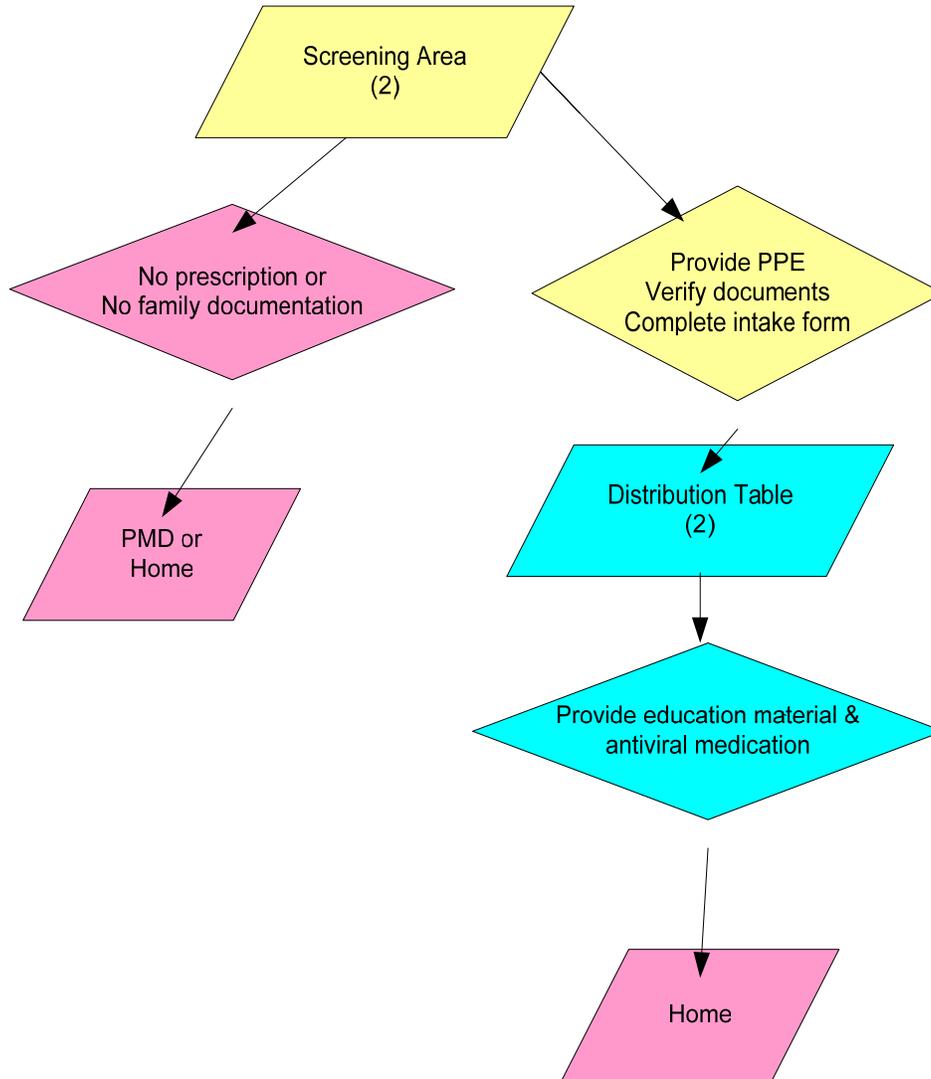
Each LINCS Agency Antiviral Distribution Site is set up with assistance from the facility owner/operator and the LINCS Agency staff. The following list summarizes logistics requirements (supplies and equipment) for one Antiviral Distribution Site.

LOGISTICS REQUIREMENTS FOR ONE ANTIVIRAL DISTRIBUTION SITE

ITEM	Quantity
Chairs	8
Clipboards	4
Crowd control systems (ropes, cones, etc)	As needed per site
Documentation collection bin	2
Fax machine with dedicated phone line	optional
Tables	2
Office Supplies (pens, staplers, staples, staple remover, paper clips, tape)	Quantities to be determined from setup
PPE (N95 masks for staff, surgical masks for all others)	Quantities to be determined from setup
Telephone (both land line & cellular)	2
Forms	Quantities to be determined from site
Water, bottled	Quantities to be determined from site
Food for Antiviral Distribution Site staff	Quantities to be determined from site
Signage	As appropriate for site
Antiviral medication	Quantities to be determined from site
First Aid kits	2
Two-way radios (communication at site)	10
Flashlights (with spare batteries)	1/staff member

Attachment 4

LINCS Agency Antiviral Distribution Flow Chart



Attachment 5

Job Summaries

Position	Overview of Job Description	# per site/ shift	Comments
Screeners	<ul style="list-style-type: none"> ✓ Greets clients in line at site ✓ Distribute PPE to all clients ✓ Identify symptomatic persons; refer them to health care provider/clinic ✓ Distribute Intake Form ✓ Answer questions ✓ Provide early alert of situations that may require additional security attention 	4 (includes relief)	Assist with physical setup of site
Distributors	<ul style="list-style-type: none"> ✓ Distribute education materials ✓ Distribute medications and appropriate dosing instructions 	4 (includes relief)	Assist with physical setup of site
Administrative Functions/Logistics	<ul style="list-style-type: none"> ✓ Direct physical set-up of site ✓ Ensure briefing of distribution mission to staff ✓ Communications ✓ Staffing Rosters ✓ Relief (breaks/meals) ✓ Change of shift ✓ Set up and maintain telephone, fax and/or computer communications ✓ Ensure that all necessary supplies/medications are on-site and available in sufficient quantity ✓ Maintain inventory of supplies ✓ Record-keeping ✓ Forms collection ✓ Assist with greeting/distribution as needed ✓ Ensure that distribution site staff receive prophylaxis 	2	

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Translators	<ul style="list-style-type: none"> ✓ Assist when language translation is needed ✓ Assist in preparing educational materials 	Depends on population	May work offsite and be available via telephone
Security (includes traffic control)	<ul style="list-style-type: none"> ✓ Oversee personnel assigned to security activities ✓ Maintain communication with local law enforcement ✓ Enforce orderly flow of traffic and parking ✓ Ensure orderly movement of clients through the distribution process ✓ Provide necessary control of persons if they become unruly ✓ Ensure security of supplies, especially medications 	Determined by law enforcement	Works with facility liaison
Facility Liaison	<ul style="list-style-type: none"> ✓ Open the individual facility ✓ Coordinate access to onsite resources and supplies ✓ Coordinate with distribution site staff and law enforcement for security and traffic flow needs ✓ Assist with communication 	1	

Attachment 6

Antiviral Distribution Household Intake Form

Antiviral Distribution Site: _____ Date: _____

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

1. For each question, circle “yes” or “no” for each person in your household who will get medicines.
2. If you do not know the answer to a question, leave it blank.
3. If you need another form, ask one of the clinic staff.

	Person #1		Person #2		Person #3		Person #4		Person #5	
First name										
Last name										
Prescription presented?	Yes	No								
Is this person sick with flu?	Yes	No								
Kidney disease/impairment?	Yes	No								

Any individuals with kidney disease/impaired kidney function should consult their physician before taking Oseltamivir (Tamiflu) as the dosage may need to be adjusted.

Do Not Write Below This Box Do Not Write Below This Box

| Screening staff: | Oseltamivir (Tamiflu) |
|--|--|--|--|--|--|
| For each person, please circle the appropriate antiviral dosing. | Treatment:
75 mg BID x 5 days |
| For children, circle the appropriate regimen and mark the number of teaspoons (tsp) needed from the pediatric table. | prophylaxis
75 mg QD x 10 days |

QD = once per day

BID=twice per day

Signature of person picking up medications

DATE

Print name of person picking up medications

Attachment 7

Pediatric Instructions

TAMIFLU® (oseltamivir phosphate) Capsule 75 mg

How to prepare oral suspension for children

To prepare an oral suspension of Tamiflu for administration to children, follow the directions as outlined below. Use a bottle of flavored syrup-like liquid for mixing such as Humco Co Cherry syrup, or Ora-Sweet® syrup, or FlavoRx, all are readily available at local pharmacies typically in 1 pint bottles.

1. Begin by using 10 capsules of Tamiflu. Carefully separate each capsule body and cap and pour the contents of the capsules into a clean bowl. Discard empty capsules.
2. With the back of a clean dry spoon, crush the contents of the bowl into a fine powder.
3. Add 6 teaspoons of syrup to the bowl of finely ground powder and mix thoroughly until a uniform suspension is achieved.
4. Transfer the mixture from the bowl into a small bottle using a funnel, if necessary to eliminate any spillage.
5. Add 4 additional teaspoons of syrup to the same bowl and mix thoroughly again assuring that all residue from previous mixture is thoroughly mixed into the new suspension.
6. Add this mixture to the same small bottle using a funnel if necessary to eliminate any spillage.
7. Close the bottle with the cap
8. Shake well to assure the suspension is thoroughly mixed.
9. Place a label on the bottle indicating its contents (Tamiflu Suspension) and the instructions "Shake before use".
10. Store the suspension in a refrigerator.
11. Discard all unused suspension after 30 days of preparation.

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Dosing Chart

Body Weight in pounds	Treatment Dose twice a day for 5 Days	Prophylactic Dosing Once a day for 10 Days
< 33 lbs	2 ml	2 ml
> 33lbs to 51 lbs	3 ml	3 ml
> 51 lbs to 88 lbs	4 ml	4 ml
> 88 lbs	5ml	5 ml

To assure accuracy of doses it is recommended that you use a graduated oral spoon, dropper or syringe. These are readily available through pharmacies and grocery stores.

Public information instructions for suspension will be developed for use by NJDHSS.

Attachment 8

**Standing Orders for Influenza Treatment & Post Exposure Prophylaxis
During an Influenza Pandemic**

Purpose:

Reduce morbidity and mortality from influenza, during and influenza pandemic, by providing antiviral medication as treatment and/or prophylaxis.

Policy:

Under these standing orders, registered pharmacists, nurses or other individuals with a 4-year college degree and 2 years public health experience may distribute Oseltamivir (Tamiflu) antiviral regimens to persons who have been found to meet criteria established by the New Jersey Department of Health and Senior Services (NJDHSS) and the Centers for Disease Control and Prevention (CDC).

Procedure:

1. Confirm that participant is eligible to receive treatment (present with prescription) and/or post-exposure antiviral prophylaxis (household members of those ill with influenza) and has been educated about its risks and benefits. Declaration of self-education is acceptable.
2. Screen all participants for contraindications and precautions to antiviral therapy with Oseltamivir (Tamiflu). Declaration of self-screening is acceptable.
3. Dispense an antiviral post-exposure prophylaxis regimen as follows:
 - o Adults and children weighing at least 88 pounds **with no** contraindications/precautions to Oseltamivir (Tamiflu):
Oseltamivir (Tamiflu), 75 mg PO once daily for 10 days
 - o Children <88 pounds **with no** contraindications/precautions to Oseltamivir (Tamiflu):
Oseltamivir (Tamiflu), xx mg/kg PO once daily for 10 days (maximum daily dose, 75 mg)
4. Provide all participants with a patient information sheet that includes: name and dose of drug, instructions on how to take the drug, drug/food interactions, warnings, side effects, and 24-hour telephone number for questions or problems.
5. Document each participant's medication information in the following places:
 - a) **Household Intake Form:** Record the Antiviral Distribution Site location, date of distribution, the manufacturer and lot number, and the name and title of the person distributing the medication.

This policy and associated procedures shall remain in effect until rescinded or until (date) .

Medical Director's signature: _____

Effective Date: _____

Attachment 9

Antiviral Distribution Daily Report

LINCS Agency _____ Date _____

Identify each distribution location	Site #1 _____	Site #2 _____	Site #3 _____	Site #4 _____	LINCS AGENCY TOTAL
Number of antiviral regimens distributed/site					
<input type="radio"/> For ill					
<input type="radio"/> For prophylaxis					

Individual completing form _____
(print name)

NOTE: Fax completed form to NJDHSS/Emergency Communications Center (ECC) or Health Command Center by noon of the following day.

Attachment B

LINCS Planning Guide for RSS Warehouse

Managed Inventory (all numbers are approximations)

(Please use as a guide to determine warehouse requirements.)

ANTIBIOTICS:

1 Pallet contains 100 cases.

1 Case contains 100 units (10 day supply).

1 Pallet contains medication to treat 10,000 people.

These pallets **cannot** be stacked during transport.

Trailer can hold 20 pallets = 2,000 cases which treats 200,000 people.

To treat 1 million people = 5 trailers.

To treat 9,000,000 people = 45 trailers.

The pallets cannot be stacked.

ANTIVIRALS:

1 Pallet contains 90 cases.

1 Case contains 48 units (10 day supply).

1 Pallet contains medication to treat 4,320 people.

Trailer can hold 20 pallets = 960 cases which treats 86,400 people.

To treat 1 million people = 12 trailers.

NOTE: These pallets **can be** stacked during transport.

Trailer can hold 40 pallets = 1920 cases which treats 172,800 people.

To treat 1 million people = 6 trailers.

Anticipate the trailer to be 53' long.

ATTACHMENT C

Antiviral Allotments for LINCS Agencies and Hospitals

This table provides a general distribution pattern for Tamiflu.

The medication may be distributed differently than listed to each entity based on the epidemiological characteristics of the event.

The table is based on 1 million regimens over an 8-week period.

County - Atlantic

Total Regimens	Total Regimens LINCS (40%)		Total Regimens Hospitals (60%)
3,750	1,500		2,250
Atlantic Hospitals	Staffed Beds	% of Total Staffed Hospital Beds	Tamiflu Regimens by Hospital
Total	644		
AtlanticCare City Division	176	27%	615
AtlanticCare - Mainland Division	197	31%	688
Shore Memorial Hospital	181	28%	632
William B Kessler	90	14%	314

County - Bergen

Total Regimens	Total Regimens LINCS (40%)		Total Regimens Hospitals (60%)
13,138	5,255		7,883
Bergen Hospitals	Staffed Beds	% of Total Staffed Hospital Beds	Tamiflu Regimens by Hospital
Total	2,253		
Bergen Regional Medical Center	429	19%	1,501
Englewood Hospital & Medical Center	357	16%	1,249
Hackensack University Medical Center	738	33%	2,582
Holy Name Hospital	206	9%	721
The Valley Hospital	523	23%	1,830

Antiviral Drug Distribution & Use – Appendix 1

County - Burlington

Total Regimens	Total Regimens LINCS (40%)		Total Regimens Hospitals (60%)
6,288	2,515		3,773
Burlington Hospitals	Staffed Beds	% of Total Staffed Hospital Beds	Tamiflu Regimens by Hospital
Total	902		
Deborah Heart and Lung Center	161	18%	673
Lourdes Medical Center Burlington County	228	25%	954
Virtua Memorial Hospital Burlington County	306	34%	1,280
Virtua - West Jersey Health Sys. Marlton	207	23%	866

County - Camden

Total Regimens	Total Regimens LINCS (40%)		Total Regimens Hospitals (60%)
7,563	3,025		4,538
Camden Hospitals	Staffed Beds	% of Total Staffed Hospital Beds	Tamiflu Regimens by Hospital
Total	1,375		
Cooper Hospital / University Medical Ctr.	490	36%	1,617
Kennedy Hospital - Cherry Hill	161	12%	531
Kennedy Hospital - Stratford	140	10%	462
Our Lady of Lourdes Medical center	255	19%	842
Virtua - West Jersey Health Sys. - Berlin	67	5%	221
Virtua - West Jersey Health Sys. - Voorhees	262	19%	865

Antiviral Drug Distribution & Use – Appendix 1

County - Cape May

Total Regimens	Total Regimens LINCS (40%)		Total Regimens Hospitals (60%)
1,525	610		915
Cape May Hospitals	Staffed Beds	% of Total Staffed Hospital Beds	Tamiflu Regimens by Hospital
Total	166		
Cape Regional Medical Center	166	100%	915
County - Cumberland *** (For Cumberland County see Salem/Cumberland)			

County - Essex

Total Regimens	Total Regimens LINCS (40%)		Total Regimens Hospitals (60%)
7,725	3,090		4,635
Essex Hospitals	Staffed Beds	% of Total Staffed Hospital Beds	Tamiflu Regimens by Hospital
Total	1,262		
Clara Maas	284	23%	1,043
East Orange	188	15%	690
Mountainside	284	23%	1,043
St Barnabas	506	40%	1,858
*** (For Hospitals in the City of Newark, please see the City of Newark)			

County - Gloucester

Total Regimens	Total Regimens LINCS (40%)		Total Regimens Hospitals (60%)
3,788	1,515		2,273
Gloucester Hospitals	Staffed Beds	% of Total Staffed Hospital Beds	Tamiflu Regimens by Hospital
Total	442		
Kennedy Health System Wash. Twp	162	37%	833
Underwood Hospital	280	63%	1,440

Antiviral Drug Distribution & Use – Appendix 1

County - Hudson

Total Regimens	Total Regimens LINCS (40%)		Total Regimens Hospitals (60%)
9,050	3,620		5,430
Hudson Hospitals	Staffed Beds	% of Total Staffed Hospital Beds	Tamiflu Regimens by Hospital
Total	1,629		
Bayonne Medical Center	261	16%	870
Christ Hospital	413	25%	1,377
Greenville Hospital	106	7%	353
Jersey City Medical Center	323	20%	1,077
Meadowlands Hospital Center	164	10%	547
Palisade General	151	9%	503
St Mary's Hospital	211	13%	703

County - Hunterdon

Total Regimens	Total Regimens LINCS (40%)		Total Regimens Hospitals (60%)
1,812	725		1,087
Hunterdon Hospitals	Staffed Beds	% of Total Staffed Hospital Beds	Tamiflu Regimens by Hospital
Total	178		
Hunterdon Medical Center	178	100%	1,087

County - Mercer

Total Regimens	Total Regimens LINCS (40%)		Total Regimens Hospitals (60%)
5,213	2,085		3,128
Mercer Hospitals	Staffed Beds	% of Total Staffed Hospital Beds	Tamiflu Regimens by Hospital
Total	1,039		
Capital Health System Fuld	206	20%	620
Capital Health System at Mercer	191	18%	575
University Medical Center at Princeton	264	25%	795
Robert Wood Johnson Hamilton	213	21%	641
St Francis Medical Center	165	16%	497

Antiviral Drug Distribution & Use – Appendix 1

County - Middlesex

Total Regimens	Total Regimens LINCS (40%)		Total Regimens Hospitals (60%)
11,138	4,455		6,683
Middlesex Hospitals	Staffed Beds	% of Total Staffed Hospital Beds	Tamiflu Regimens by Hospital
Total	1,633		
John F. Kennedy / Anthony M. Yelencis	400	24%	1,637
Robert Wood Johnson University Hospital	671	41%	2,746
Raritan Bay - Old Bridge	110	7%	450
Raritan Bay - Perth Amboy	189	12%	773
St Peter's University Hospital	263	16%	1,076

County - Monmouth

Total Regimens	Total Regimens LINCS (40%)		Total Regimens Hospitals (60%)
9,138	3,655		5,483
Monmouth Hospitals	Staffed Beds	% of Total Staffed Hospital Beds	Tamiflu Regimens by Hospital
Total	1,690		
Bayshore Community Hospital	196	12%	636
CentraState Medical Center	270	16%	876
Jersey Shore University Medical center	483	29%	1,567
Monmouth Medical Center	419	25%	1,359
Riverview Medical Center	322	19%	1,045

County - Morris

Total Regimens	Total Regimens LINCS (40%)		Total Regimens Hospitals (60%)
6,988	2,795		4,193
Morris Hospitals	Staffed Beds	% of Total Staffed Hospital Beds	Tamiflu Regimens by Hospital
Total	1,035		
Chilton Memorial Hospital	169	16%	685
Morristown Memorial Hospital	506	49%	2,050
Saint Clares Hospital - Denville	281	27%	1,138
Saint Clares Hospital - Dover	79	8%	320

Antiviral Drug Distribution & Use – Appendix 1

City of Newark

Total Regimens	Total Regimens LINCS (40%)		Total Regimens Hospitals (60%)
4,063	1,625		2,438
Newark Hospitals	Staffed Beds	% of Total Staffed Hospital Beds	Tamiflu Regimens by Hospital
Total	1,300		
Columbus Hospital	153	12%	287
Newark Beth Israel Medical Center	420	32%	788
St James Hospital	115	9%	216
St Michael's Medical Center	246	19%	461
University Hospital - UMDNJ	366	28%	686

*** (For Essex County hospitals outside of the City of Newark see Essex County)

County - Ocean

Total Regimens	Total Regimens LINCS (40%)		Total Regimens Hospitals (60%)
7,588	3,035		4,553
Ocean Hospitals	Staffed Beds	% of Total Staffed Hospital Beds	Tamiflu Regimens by Hospital
Total	1,085		
Community Medical Center	490	45%	2,056
Kimball Medical Center	217	20%	911
Ocean Medical Center	227	21%	953
Southern Ocean County Hospital	151	14%	634

County - Passaic

Total Regimens	Total Regimens LINCS (40%)		Total Regimens Hospitals (60%)
3,794	1,518		2,276
Passaic Hospitals	Staffed Beds	% of Total Staffed Hospital Beds	Tamiflu Regimens by Hospital
Total	457		
St. Joseph's Wayne	150	33%	747
St Mary's Hospital	307	67%	1,529

***(For Hospitals in the City of Paterson, please see the City of Paterson)

Antiviral Drug Distribution & Use – Appendix 1

City of Paterson

Total Regimens	Total Regimens LINCS (40%)		Total Regimens Hospitals (60%)
3,794	1,518		2,276
Paterson Hospitals	Staffed Beds	% of Total Staffed Hospital Beds	Tamiflu Regimens by Hospital
Total	499		
St. Joseph's Regional	499	100%	2,276

**Counties -
Salem/Cumberland**

Total Regimens	Total Regimens LINCS (40%)		Total Regimens Hospitals (60%)
2,125	850		1,275
Salem/Cumberland	Staffed Beds	% of Total Staffed Hospital Beds	Tamiflu Regimens by Hospital
Total	496		
Memorial Hospital	78	16%	201
South Jersey Healthcare - Elmer	93	19%	239
So. Jer. Healthcare Regional Hospital - Vineland	268	61%	778

***(Please note Salem and Cumberland County hospitals are combined because the LINCS agency is combined)

County - Somerset

Total Regimens	Total Regimens LINCS (40%)		Total Regimens Hospitals (60%)
4,425	1,770		2,655
Somerset Hospitals	Staffed Beds	% of Total Staffed Hospital Beds	Tamiflu Regimens by Hospital
Total	312		
Somerset Medical Center	312	100%	2,655

Antiviral Drug Distribution & Use – Appendix 1

County - Sussex

Total Regimens	Total Regimens LINCS (40%)		Total Regimens Hospitals (60%)
2,138	855		1,283
Sussex Hospitals	Staffed Beds	% of Total Staffed Hospital Beds	Tamiflu Regimens by Hospital
Total	223		
Newton Memorial Hospital	176	79%	1,012
Saint Clare's Sussex	47	21%	270

County - Union

Total Regimens	Total Regimens LINCS (40%)		Total Regimens Hospitals (60%)
7,763	3,105		4,658
Union Hospitals	Staffed Beds	% of Total Staffed Hospital Beds	Tamiflu Regimens by Hospital
Total	990		
Muhlenberg Regional Medical Center	218	22%	1,026
Overlook Hospital	324	33%	1,524
Robert Wood Johnson - Rahway	163	16%	767
Trintas Hospital	285	29%	1,341

County - Warren

Total Regimens	Total Regimens LINCS (40%)		Total Regimens Hospitals (60%)
1,525	610		915
Warren Hospitals	Staffed Beds	% of Total Staffed Hospital Beds	Tamiflu Regimens by Hospital
Total	243		
Hackettstown Community Hospital	89	37%	335
Warren Hospital	154	63%	580