

**FTS-HHS OS CFFB & CI**

**Moderator: Shamia Blanks  
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9:54 am CT**

Coordinator: Welcome and thank you for standing by. At this time all participants have been placed on a listen-only mode until the question and answer session. To ask a question please press star followed by a 1 on your touch-tone phone.

Today's conference is being recorded. If you have any objections please disconnect at this time.

I would now like to introduce Mr. Joshua Dubois, Director of White House Office of Faith-based and Neighborhood Partnership. Sir you may begin.

Joshua Dubois: Well thank you so much and welcome everyone and thank you for joining us on this important call concerning H1N1 flu and community and faith-based organizations.

We're excited today to release the new H1N1 Flu Guide specifically designed for community and faith-based groups. It reflects the need for all of us to partner together in this effort and our commitment to doing just that.

The White House and the Department of Health and Human Services and other government agencies are working closely together on H1N1 prevention and response to ensure the government's efforts are well coordinated.

We've got a great agenda today including hearing from HHS scientists who will share the most up to date information on H1N1 flu with you.

But without further delay it's really my honor and pleasure to welcome and introduce to you Department of Health and Human Services Secretary Kathleen Sebelius.

Secretary Sebelius and Dr. Anne Schuchat from the CDC will be with us from the beginning of the call. We have a number of other HHS experts to answer your questions as well.

Secretary Sebelius serves as our nation's top health official and she's also our flu fighter and chief. So Secretary welcome and thank you so much for joining us on this call and taking time to speak to our nation's community and faith-based leaders about H1N1 flu and what we can do in partnership together to help keep our communities healthy. Secretary Sebelius I'll pass it off to you.

Kathleen Sebelius: Well thanks so much Joshua. And I want to first of all start by thanking you for the great job you're doing not only on this issue but on issues that throughout government to make sure that we have great partners in community and faith-based organizations.

The President has made it clear from the outset that preventing the flu and dealing with the flu is a government-wide communitywide effort.

And I do want to again acknowledge the fact that Joshua, Alexia Kelly from our HHS office and the whole staff on community and faith-based partnership organizations are doing a great job with outreach.

I want to thank all of you on the call for the compassionate service and leadership you provide day to day in communities and organizations throughout the country. And we're delighted to be joined by so many of you today to talk about the new guidance for faith and community-based organizations and introduce as Joshua said, the H1N1 flu guide specifically designed for community and faith-based organizations.

Flu season is underway and we are seeing an increase in the H1N1 flu disease throughout the country. And all of you on the call are in very special positions. You're trusted by your community.

So we want to ask you to be our partners in reaching out to the people you minister to every day to let them know how best to stay healthy during the flu season.

I want to tell you that Dr. Anne Schuchat and I are here at the White House. We've been doing a series of briefings today with media reporters and others. And this is a call with you all we don't want to cut short. You're going to have lots of experts who are able to answer your questions.

But we've got to continue on with some of the other flu briefings, but delighted to have a chance to join you for a few minutes at the top of this call.

We do feel that the government's efforts to fight the flu are - continue to be on track. We're monitoring the virus closely. And Dr. Schuchat will give you an update on what we're seeing.

We've got great partners at state and local government, health officials, emergency planners all the way down to school officials and communities and families, employers. And I think having the faith-based community as part of this effort is so very important.

We've got several sets of guidance that are out, specific information for employers, small businesses, schools, educators, day care providers to try and give very specific information about what we're seeing in the flu and what the vaccination campaign can look like.

First and foremost the most important step people can take is to get vaccinated. It's free. It's an outreach to other communities. And we hope that people will take advantage of it. We've tried our best to make sure that there aren't financial barriers.

The vaccination campaign will be voluntary. Nobody's going to be made to get vaccinated unless at a local level that health officials decide that it's an important part of jobs. We've seen some people do that for hospital workers and others. But there is no federal mandate about this campaign. It's totally voluntary.

Having said that, vaccines are safe. They're effective. And we know that getting the vaccine is a lot better particularly for the target populations and taking a risk that they may be one of the people to suffer hospitalization or even death as a result of this.

We will have plenty of vaccine. By mid-October we expect to have 40 million to 50 million doses available. And states have already identified sites in the local regions that that vaccine will be distributed to.

But there's been some speculation about is there enough for everybody? And the answer is yes. We just hope that some of the people who are at greatest risk get to the front of the line.

Seasonal flu is available year in and year out, seasonal flu vaccines. This vaccine is being made exactly the same way. So although it's a new virus, the vaccine is identical to seasonal flu vaccine.

And we know that it's effective. We've done clinical trials. And the good news is most people over the age of 10 and up only need one shot. Then the vaccine is effective within a short period of time.

Not all of the H1N1 vaccine will get to the same place immediately. And it may not be available in your particular community right away. So staying in touch with your local health officials about where and when the vaccine is available is going to be very important.

And in the meantime there are some steps that folks can take to try and stop the spread of the disease -- washing hands frequently and making sure that kids wash their hands often, covering coughs and sneezes with an elbow or a sleeve instead of with hands and staying home if you're sick is probably the most important.

People don't need to go to the doctor if they come down with flu like illnesses unless they are in a high-risk population. We say stay home, take fluids, take something to cut the fever and try and stay away from other folks.

If your kids are sick keep your kids home. We know for a lot of parents that's difficult. It means having a backup plan for who's going to stay home with the

child if he or she is sick. But it's a whole lot better than sending their child to school and sharing this flu with all the classmates and playmates.

One of the ways that we can support your effort is to put out this new guide. It lays out three steps that your organization, congregation, wards, synagogues, mosques or temples can do to help people stay healthy in the flu season.

And we are communicating the latest public health information, supporting the vaccination efforts and ensuring that the vulnerable and hard to reach people in communities throughout the country get health information and know where they can get access to vaccinations.

The steps may be already a part of your ongoing activities or hopefully if they're not they can be integrated into communications and outreach efforts that you're going to have during the course of the fall.

I know that many of you in faith-based organizations are already working with community members who are hard to reach and more vulnerable. And making sure that they have information about how to prevent the flu and how and where to get vaccinated is so important.

Finally we have a great Web site [www.flu.gov](http://www.flu.gov) which has updated and regular information. We're trying to keep people informed about what we're seeing in disease, what we know about the vaccine and the best ways to keep Americans safe and secure.

The Web site is a one stop shop to plan for, prevent and deal with the flu. And again, we've urge you to take advantage of it.

Now I'm going to turn over the phone for a few minutes to Dr. Anne Schuchat who is the Deputy Director of the Centers for Disease Control and Prevention. And again, we thank you for being on the call and look forward to working with you to keep folks safe and secure during the fall flu season.

Anne Schuchat: Good afternoon and thanks for all that you're doing in your organizations to help in general and then to help specifically with the flu challenges.

My colleagues and I at CDC and the public health community in general is continuing to take this virus seriously.

I'm sure that the faith-based and community-based organizations can play key roles in helping us with the many challenges that we're going to face in the weeks and months ahead.

This virus, the 2009 H1N1 virus was completely new to humans in the spring. It caused outbreaks in a number of communities then and then it continued to transmit during the summer which was really unusual. We saw higher than usual rates of influenza throughout the summer season.

As we we're expecting when school kids returned to attend classes this fall we have seen an increase in influenza-like illness in a number of places.

The southeastern states were the first where we saw an increase in flu. And most of that was the H1N1 virus. Now we're seeing increased activity in a number of other states. But what we're seeing is a similar clinical picture to what we saw in the spring and what our partners in the Southern Hemisphere saw during their flu season, their winter, our summer the last couple months.

This is a pattern where most people have illnesses sets them back a few days - very high fever, cough and headaches and muscle aches and so forth. But with bed rest and fluids they can get better within several days.

But some people having a much more severe challenge with the virus needing to go to the hospital, getting pneumonia, having even difficult challenges requiring intensive care units of care and then unfortunately death. And we have continued to see death through the summer and this fall.

Unfortunately this virus is hardest hit among younger people. We're seeing children and young adults with much more disease than seniors for instance.

We're also seeing that worst outcomes, you know, those severe hospitalizations and deaths are more likely to occur in people who are pregnant, people with asthma, people with neurologic challenges like children with muscular dystrophy or cerebral palsy.

People with chronic health challenges are really at higher risk for suffering from this particular virus although most people will be fine with just that bed rest and home care.

There's some key steps that everyone can take. And we know that those community and faith-based organizations can help reinforce, staying home when you're sick, covering your cough or sneeze.

We know that some of the organizations can help people who are coping with how they can manage to keep their children home from school when they are sick or when schools have even been dismissed because so many children are sick.

We do think that the best way to protect individuals and our communities is through vaccination. And as the Secretary said we are making progress with development and production of vaccine and are expecting our voluntary vaccination efforts to begin in October.

We recommend that the first people to focus on reaching with the H1N1 vaccine are five groups -- pregnant women, healthcare workers, people who care for or live with babies younger than six months because those babies can't themselves be vaccinated, but their caregivers can be vaccinated to protect the baby as well as themselves, children between the ages of six months all the way through young adults age 24 and then other adults 25 to 64 years of age who have a chronic health condition.

Those five groups make up more than half the country. And the effort to offer vaccine to those people will be a monumental task. And so we do feel this is a partnership of the public and private medical sector but also of community organizations and as key partners as trusted messengers and as volunteers to help with some of these efforts.

So the key thing with influenza that is such a challenge is how unpredictable it is. We don't know exactly when disease will peak in any one community, how many waves of illness we'll see through the fall and winter.

But we do know that vaccination is the best way to protect yourself and that the antiviral medicines we have right now are very good for treating those people with severe illness who are hospitalized or people who have the flu who have other conditions like pregnancy or asthma.

And so we I think at CDC you look forward to working with you in the months and the weeks and months ahead in reaching the vulnerable and surveying those in our communities at risk.

But I think we're going to turn back to the moderator. And some of my colleagues from CDC are going to be available to answer some of the technical questions you might have.

Joshua Dubois: Well thank you Dr. Schuchat and thanks again Secretary Sebelius, really appreciate your time and your leadership on these issues.

And again, thanks to all of you for your ongoing leadership and your good work across the country. You are often the very first resource that members of the community seek out in times of need. And you are uniquely positioned in your community to provide information and offer help or connect people with needed services.

Now the intent of this flu guide is to support you by providing clear and concise and pertinent information during the flu season.

We also want to ensure that the guide addresses the unique and essential consideration of your respective communities. So we're proud to share this guide with you. And we're delighted to partner with you on these issues. And we really hope that it's helpful as you continue to serve your communities.

Now I'd like to introduce Alexia Kelley. And Alexia is the Director of the Center for Faith-Based and Neighborhood Partnerships at the Department of Health and Human Services.

Alexia is going to give us a brief overview of the new guide on H1N1. And then we're very fortunate to have several HHS experts and doctors who are going to answer any questions that you might have.

I really want to thank Alexia and her team for leading the charge on the creation of this guide. Alexia and her team at the Partnership Center are an open the door at HHS for nonprofits, both secular and faith-based groups.

In and out of flu season, I hope you won't hesitate to reach out to Alexia's office. And they can always be reached at [partnerships@hhs.gov](mailto:partnerships@hhs.gov).

So Alexia I'll pass it off to you and hopefully you can share a bit about the guide.

Alexia Kelley: Thanks so much Joshua and thanks everyone for joining the call today. Just I want to share a history on this document how it emerged.

During the spring of 2009 H1N1 outbreaks we - HHS and our center received many inquiries from community and faith-based organizations about steps they could take to prepare for and respond to outbreaks in their communities. So that was really a prime motivation behind the creation of this guide.

Some of - the document, H1N1 flu, a Guide for Community and Faith-Based Organizations takes a comprehensive look at a range of possible activities for community and faith-based groups during the flu season.

In addition the guide provides basic information about H1N1 flu and how to help people stay healthy.

As Secretary Sebelius mentioned there are several key ways that organizations and leaders like you can partner, ways that you can partner in the flu response.

They are communicating health messages, supporting vaccine efforts, linking vulnerable and hard to reach populations with important messages and services and activities to help keep community members flu free.

So first just a word on some of the communications of public health information.

Your organizations are incredibly important and effective messengers of information that is both trusted and motivating. So the guide provides basic information on H1N1 and seasonal flu and the best sources for the most up-to-date information to share with your community.

You could always go to [flu.gov](http://flu.gov) as the Secretary mentioned as a one-stop shop for flu information.

The guide contains suggestions for communicating health messages by using different media for example and individualizing messages to ensure cultural sensitivity.

On the second area of vaccine distribution, the guide provides information on vaccines for the seasonal and 2009 H1N1. And it describes the target groups for vaccination which Dr. Anne Schuchat shared details about earlier in this call. Those initial target groups are highlighted in several places throughout the guide.

So you can share this information with people in your community both who should get the vaccine, why they need vaccine and where they can go to get it. And we provide some suggestions for you on how to do this.

Some community and faith-based organizations might choose to work with local and state health departments by providing their building for meeting space for vaccination. The guide provides some suggestions for doing this and highlights a best practice.

On the topic of reaching vulnerable and hard to reach populations, community and faith-based organizations often act as bridges to these folks that are hard to reach either because they have communication barriers are geographically isolated or for other reasons.

In addition, your organization often provide important services for people to people who may be under increased pressure during the flu season.

So the document addresses the special challenges that vulnerable and hard to reach populations face during flu season, how your organization can help families and communities address these challenges and last, ways to support mental health and reduce stigma associated with flu.

I wanted to just speak a bit about activities, a section on activities to keep your community healthy during the flu season.

We know that many of your organizations and faith communities already focus on activities designed to support families, encourage people to reduce stress and coordinate volunteers. So the document provides specific steps that you can take for example when running childcare and youth programs to keep children and youth healthy.

This group, children and young people is one of the most at risk - are among the most at risk for H1N1 flu. The guide also provides several steps you can take to help your staff stay healthy and help ensure your organization operates smoothly during flu season.

So just to summarize, the guide addresses a range of ways that your organization can be involved in helping to keep communities healthy during the flu season.

You already know the needs and strengths of your community so you can tailor the document and the activities to help decrease the spread of flu in your community, use the guide to help you create a flu response plan that's appropriate and workable for your organization and community.

We now want to enter into the question and answer session and we're going to begin that with three preselected questions. I'd like to ask the operator now to please open the lines of questions so that we're ready to go for the open Q&A as soon as we've responded to those preselected questions.

Coordinator: Thank you. At this time if you would like to ask a question, please press star followed by 1 on your touch-tone phone. You will be prompted to record your name. Please make sure your line is un-muted and record your first and last name clearly when prompted.

To withdraw your request you may press star followed by 2. Once again that it is star 1 on your touch-tone phone to ask a question please.

Alexia Kelley: We are very privileged to have with us a panel of HHS scientists who are all working closely on H1N1 and can answer our questions.

So I'd like to introduce our five panelists and then we're going to start with three preselected questions and then move into open Q&A.

So first I'd like to introduce Dr. Pascale Wortley who is the lead on H1N1 vaccine distribution for the CDC's Immunization Services Division, Dr. Scott Santibanez who is the CDC lead for at-risk populations in H1N1 flu response, Dr. Roberta Lavin who is with Administration for Children and Families and the Director of the Office for Human Service Emergency Preparedness and Response, Dr. Dan Dodgen who is with the Office of the Assistant Secretary for Emergency Preparedness and Response and the Director of the Office of at-risk individuals, and Dr. Joe Brese who is Chief of the Epidemiology and Prevention Branch in the Influenza Division at CDC.

So thank you so much all of you for being with us to help us answer questions that we might have. I want to start with our first preselected question which is our first question, which is how can my organization help support vaccination efforts?

And Dr. Santibanez, why don't you begin and then Dr. Wortley may have a response as well.

So how can my organization help support vaccination efforts?

Scott Santibanez: Well thanks Alexia. And thanks everyone for giving us this opportunity to speak with you this afternoon.

And I think the community and faith-based organizations really have an important role to play in the vaccination efforts.

And one of the things that you can do is to develop relationships with your local city and county health departments and with your local healthcare system.

It's important that you're able to communicate to people in your communities when the vaccine is available and where they can go to get vaccinated.

And also at CDC and HHS we've been doing a lot of work to make sure that the vaccine is both safe and effective when it's available.

So community and faith leaders can look to our Web sites [www.cdc.gov](http://www.cdc.gov) and [flu.gov](http://flu.gov) to keep up to date on what we've been doing to make sure that the vaccine is safe and effective and to point people there when they have questions about the vaccine so that they're able to make informed decisions and make sure that they have all the information that they need.

Now there may be some community organizations and congregations who've been working with their local health departments around seasonal flu vaccine efforts over the past several years that where - they've opened up facilities and have flu shot clinics. And where that infrastructure's in place, that can also be an important role.

However if you're not able to have that type of flu clinic on-site you still have a very important role to play in communication and getting information out to your communities.

Alexia Kelley: Thank you so much Dr. Santibanez. Dr. Wortley would you like to also respond?

Pascale Wortley: You know, I think that Scott covered all the important bases. I think the main issues of getting the information out about where people can get vaccinated and also encouraging to get them - for people to get vaccinated and addressing their concerns because we know that there are concerns that people have.

And so pointing them in the right direction to get the information that they need and things like that are really critical aspects of this because we really - one of our goals is to have the vaccine as widely available as possible so certainly the availability wouldn't be a barrier to being vaccinated.

Alexia Kelley: Thank you so much Dr. Wortley.

Our second question is my organization works with homeless people and substance abusers. Are there specific things we should know about getting them information?

Dr. Dodgen, why don't you begin on that question?

Dan Dodgen: All right, thanks for the question and thanks again for having asked for my office, Assistant Secretary for Preparedness Response be on it. We're thrilled and that we hear that there are several hundred people calling in. So thanks to everyone for giving up your time to be here.

I think the question's an important one because vulnerable and at-risk populations are always of greater concerns in disasters and public health emergencies and yet sometimes they do get forgotten.

And the context of H1N1 certain vulnerable populations like homeless or people with severe substance abuse or mental health problems sometimes can be at higher risk. And there's a couple of reasons for that.

One of course is that among those groups there's often a higher prevalence of comorbid medical conditions meaning, you know, they've got an additional medical disorder in addition to the substance abuse or mental health disorder.

They also often are people that have limited access to healthcare systems and services. And sometimes because along with mental illness homelessness and substance abuse there may be some cognitive disorders.

So sometimes the very folks that we most want to get these messages out to are people who are often going to have trouble comprehending the public health messages that we want them to hear about vaccine and treatment.

And I don't have to tell the people on the call that because many of you work with them on a daily basis and you know what I'm talking about.

In addition, we know that in a H1N1 scenario we may be talking about some kinds of social isolation or minimizing contact. And yet people with substance abuse or chronic mental illness or even homeless often the services that they receive they receive in congregant settings. So we know that there are going to be a lot of challenges here.

For H1N1 I think for these folks it's going to be really critical for the organizations that work with them to be integrated into the state and local health systems to make sure that they're part of the plan for assessment vaccination and treatment for both patients, clients and staff.

And again, I think that there will be some information in this guidance to help people think about that.

I think also though that this creates a really wonderful opportunity. So many of you who have called in today, you are the folks in the community who really know a lot about some of the most vulnerable groups that are out there.

And because of that you're really a bridge for self-help between programs that provide health and self-help for these different folks and for the kinds of programs that are provided by non-government as well as government agencies.

And because of that we want to be able to make sure that we provide guidance to you. And I think that the document that you have here is going to help that.

I apologize for stumbling over my words a little bit because I just - I want to emphasize how critical it is that we think you are.

The most important thing of course from my perspective is that local community and faith-based organizations are critical organizations. You know where they're traditionally underserved and (elected) populations are located.

And you are going to be key partners in making sure not just that the information that we have like the great information on the flu Website that has already been mentioned get out these populations but also hopefully as you engage with your state and local public health agencies hopefully you'll also be able to provide them with information about populations that may be missed or underserved or neglected so that we're not missing any of them.

And I think if we can do this together, if we can pull together those of you that serve the homeless, that serves substance abuse, that serve the seriously mentally ill with our state and local public health agencies, I think that we

really stand a chance of being able to mitigate the, you know, the impact on our community.

So I probably said a little more than needed to be said but I hope people on the phone understand how critical the role you play is and how valuable you are as partners to all of us.

Alexia Kelley: Thank you so much Dr. Dodgen. Our last preselected question is should we treat children differently than we do adults with regard to flu?

Dr. Lavin why don't you take that question?

Roberta Lavin: Thank you. We always like to remind people that children are not little adults. So in many cases you do have to treat them differently.

We saw that some of the vaccine guidance was different for children and even different for adults if they were caring for children under six months old.

That being said, there's some wonderful pieces of the guidance that has been put out that's being issued today that points out some special things that you can do for children and pay attention to especially when children have to stay home from school.

And I'll just give you three quick points from that.

One is that if kids do stay home, you really have to encourage them not to gather in groups. If schools get closed, they always have a tendency to want to be with their friends so that may take a little extra effort on the part of the adults to make sure that they don't do that.

And then when children stay home from school they can get behind on their school work in - pretty quickly so to the extent possible it's a good idea to make plans to make sure that they get their lessons at home, that assignments are sent home to them and that there are like packages of material and activities of school work that they can do while they are at home.

And then the last thing that's particularly helpful that faith based communities may be able to assist with is a lot of children depend on schools for their meals and especially children who come from poor backgrounds depend on the schools for their meals and to the extent possible to help make sure that those kids who aren't able to go to school still get nutritious meals.

Woman: Thank you.

Alexia Kelley: Thank you so much Dr. Lavin. Now we're ready to take our first question in the open Q&A so operator can we please have the first question and I will try to direct the question to the appropriate panelist but I just want to ask the panelists to please respond to the questions that you would like to. But thank you so much (Wendy).

Coordinator: Thank you. Our first question is from (Mark Far). You may ask your question.

(Mark Far): Yes, hi, this is (Mark Far, Point of Light. In fact Point of Light is organizing a disaster conference in November here in DC for many congregations - those congregations around the city and H1N1 is a theme of the conference.

My question is - I actually have two - but one question is having heard you talk about those hard to reach corporations, one of the reasons that they are hard to reach is because they fear this as government intervention in their lives and I think they avoid that kind of contact to their own detriment.

What should - and this conference will be quite a diverse group of people from different faiths - what should we be saying to those groups who - that they can then take back to their congregations and various temples and so forth about how and whether they get, you know, their names are taken, their addresses, those kinds of things, the kinds of things that minority faith groups often avoid.

Alexia Kelley: Dr. Santibanez, do you want to respond to that?

Scott Santibanez: Yes, sure, I can start things off and just mention yes, this is a very important issue that people have fears about their information and so forth and that's why I think the role that community and faith based organizations and leaders have is so important because you are trusted members in your communities and can help them understand that this is a health issue and the importance of protecting their health and protecting the health of those in their communities and helping them get the information about the disease and the background information that they need.

Now another important part of this as Dr. Schuchat had mentioned earlier is that the vaccine is not mandatory, not being forced on people, it is going to be offered and hopefully we'll give people information that they need to know about the benefits of being vaccinated and protecting themselves and their communities.

Alexia Kelley: Thank you so much Dr. Santibanez. Would anyone else like to respond to that question?

Joe Bresee: This is Joe Bresee. I would - I agree with Scott completely but would add that there's several parts to your worries I guess and one is that because of fear or

because of suspicion that some populations won't get vaccine but they probably also won't seek healthcare appropriately or early enough and I think that one of the communication messages that is key for all groups, especially groups like you're talking about that maybe have high risk conditions or enriched in high risk conditions.

The fact that they need to get healthcare quickly and the medicines that can treat flu effectively work better if they are treated soonest after illness starts and so I think that as part of the communications is sort of who gets vaccine and why you should get vaccine and try to gain that trust but the other part of the message which is equally important is to convince people that if they do get symptoms of flu that being treated early in a clinic or in an emergency room before they are sick enough to be hospitalized is actually critical.

Alexia Kelley: Thank you so much Dr. Bresee. Why don't we go to the second question?

Coordinator: Thank you. Our next question is from (Joyce Skinner). You may ask your question please.

(Joyce Skinner): I'm (Joyce Skinner) from (Allen Women's Resource Center). We are a faith based residence for survivors of domestic violence from the (Greater Allen Cathedral).

My question is - I know we've been talking about the guide - can we access the guide on one of the Web sites.

Alexia Kelley: Yes, you can access it. It's on the front page of flu.gov right now.

(Joyce Skinner): Okay.

Alexia Kelley: And it's also at our Web site which is [hhs.gov/partnership](http://hhs.gov/partnership).

(Joyce Skinner): Okay. Thank you very much.

Alexia Kelley: Thank you. Can we take the third question now?

Coordinator: Our next question is from (Melissa Lund). You may ask your question.

(Melissa Lund): Hi. This is (Melissa). I'm calling - I'm with the (Pregnancy Research Center) here in Ohio. I have six years at one of the at risk population on pregnant women and can you tell me a little bit about the vaccination and how it affects pregnant women and are there different times during the pregnancy that they should not receive the vaccination?

Alexia Kelley: Thank you for the question. Would one of the panelists like to respond to this? Dr. Bresee or Dr. Wortley?

Joe Bresee: Sure, I'm happy to and Pascale can add things. What we've known for many years actually is that pregnant women who get infected with an influenza virus have a higher risk of being hospitalized and getting severely ill because of the influenza and that sort of pattern is bearing out again with this new influenza virus that we're seeing pregnant women at greater risk for being hospitalized or even dying of influenza if they get infected.

For that reason and pregnant women have been identified as a priority group to both get seasonal vaccine but also get this new vaccine against the pandemic H1 strain.

The vaccine data that we have so far in pregnant women both for seasonal - that's accumulated for seasonal influenza vaccine show the vaccine to be safe

during pregnancy and so the CDC thinks that the benefits of getting vaccinated for pregnant women at this point greatly outweigh the potential side affects of getting the vaccine.

Pascale, would you agree or do you want to add something?

Pascale Wortley: No, I think you covered it all Joe. Thank you.

Alexia Kelley: Thank you so much Dr. Bresee. Could we have the next question?

Coordinator: Thank you. (Cecil Matthew), you may ask your question please.

(Cecil Matthew): Hi. My name is Cecil. I'm from First Church of God in New York.

We were thinking of offering our facilities to be a site for vaccine distribution and for people to come and get their vaccinations. One of the questions that we posed to ourselves was what are the requirements of the facility or of the group that wants to offer their facilities? Are there costs involved? Do we need specific equipment or is that usually provided by the healthcare - local healthcare agency or the local hospitals that come in and do the actual vaccinations?

Alexia Kelley: Thank you for the question. Dr. Wortley, would you want to respond to that?

Pascale Wortley: Sure. You know there are some characteristics that make a facility lend itself especially well to being a place to hold a vaccination clinic and you know it also depends a little bit on what size clinic you're planning on holding because some of the things you need to take into account is what kind of flow of traffic are you going to have both on the outside and then within your room.

And we actually have some documents on the CDC Web site information for vaccination planners that lists that out. But I'm guessing that whoever it is that you're working with to hold the clinic has a good sense of what's needed in terms of special equipment and if they're just coming for the day, you know they can bring their vaccine in - the appropriate equipment.

So I think that really it's hard for me to give a general answer but the people that you're working with will be able to assess whether the space is adequate.

Alexia Kelley: Thank you Dr. Wortley. I just wanted to add that there is in the guide a best practices page in reference to a model that has worked well and we can help connect you as well with the technical assistance provider but as Dr. Wortley said working with your local or state health department would be an important first step.

I just wanted to - before we take the next question, just make a correction that the document is available as I said on flu.gov and it's available on our partnership Web site which is [hhs.gov/partnership](http://hhs.gov/partnership) so forward slash partnership. I had said back slash so I just wanted to make sure that was clear. Moderator, could we take the next question?

Coordinator: Thank you. Our next question is from (J. C. Dwyer). You may ask your question please.

(J. C. Dwyer): Hi. This is (J. C. Dwyer) with the Texas Food Bank Network. I just wanted to follow up on Dr. Lavin's comment about the importance of nutrition in building the immuno-response so children - specifically those children who would otherwise be receiving free or reduced price meals in school when those schools are closed they may not have access to that nutrition at home.

Your guide does recommend that community based providers provide nutritious meals to children who would normally receive those lunches but it doesn't mention the USDA reimbursements that have been made available to those organizations.

I was wondering if one of you could speak to that.

Alexia Kelley: Yes, would one of the panelists want to speak to that? On nutrition? Just to say on that question in our guide we are actually going to be updating the guide every several weeks or so online so this guide is September 2009 so we can include updated information on that. We wanted to keep it somewhat concise and have tips for the broad community faith based constituency and so we can be sure to include that on the next iteration of the online guide and the print versions which we'll be updating every several weeks or so.

(J. C. Dwyer): Thank you.

Alexia Kelley: Thank you for that. Next question.

Coordinator: (Linda Newhouser), you may ask your question please.

(Linda Newhouser): Hi. This is (Linda Newhouser). I'm with the University of California Berkley and I am heading a project looking at emergency preparedness for deaf and hard of hearing people in the United States. It will be both national and look at CBO connections.

And what I've found so far is there is very little guidance about how people - 32 million people that are deaf or hard of hearing can be connected with important information like you have in this outstanding guide. I just went on flu.gov and I think it's terrific.

And so I'm wondering if there's a plan to put in more such information.

We're often finding that this group is particularly overlooked.

Woman: Yes. Thanks for that question. I want to ask if Dr. Dodgen can respond on that issue of deaf and hard of hearing.

Dan Dodgen: Thanks. I'll give it a try and then I'm sure others may want to join in as well.

One of the things that we're trying to do as we move forward with all of our planning activities is make sure that we are addressing the functional needs that anybody has that can keep them from accessing medical care.

So for example with the deaf and hard of hearing community, the real issue is communication and is insuring that people get the information that they need in a format that's you know not just accessible but meaningful for them.

So, one of the things that we're working on is actually making sure that guidance documents of the other activities that are underway across the department are available in alternate formats and in different modalities that are going to be useful for the people.

That's sort of the easy answer and I imagine that the folks at CDC could talk to you about some of their efforts. I think the tougher question that you're asking is what's out there that's specifically been geared for this population and I have to tell you I'm not aware of anything that's been developed that's specific information for the deaf and hard of hearing community. I think it's more - at this point our focus has more been strategies for how we insure that those communities are included in our efforts rather than developing specific information that's unique for that population.

I'm going to invite folks from CDC if there's anyone that would like to add anything to that but I think that's our strategy right now.

Alexia Kelley: Does anyone else want to respond to that briefly?

Scott Santibanez: Well, I would say briefly - this is Scott from CDC. This is a very important issue and certainly one that it puts it home for me. I have members of my immediate family who are both deaf and hard of hearing and we have a joint information center at CDC and a community health outreach education team that works with many diverse communities to make sure that we're providing materials that different communities can use including deaf and hard of hearing.

I know that they've worked some with all you guys at the university and other organizations and campuses that represent this group and we can get your more specific information about those outreach activities.

Alexia Kelley: Thank you Dr. Santibanez and we will put that up on the front page of our Web site as well and on flu.gov so we'll both follow up and make sure that's available to the right folks.

Could we take the next question?

Coordinator: Thank you. (Judy Spurin), you may ask your question.

(Judy Spurin): Okay. This is (Judy Spurin). I'm with Rosewood Indian Health Service and I'm also with the Rosebud Episcopal Mission.

We've had some very specific questions asked of us regarding things such as shared communion cups during services, Catholic, Episcopal and Lutheran for example. The literature that I've seen out there that I've been able to access has not shown that there is an increased risk of flu with the shared communion cup but it has become quite a concern and they're looking to us for guidance. Where can I go to get that kind of information?

Alexia Kelley: Well, we do have a section in our - in the guidance on community gatherings and meetings so you can look at that and I want to ask if one of the panelists, Dr. Santibanez perhaps would want to respond.

Scott Santibanez: Sure, I'll start things off and Dr. Bresee may want to comment as well and I think that there have been a number of questions about different practices in religious settings and what type of risk they have for potential transmission of H1N1 and I think the most important message to get across here is encouraging people to stay at home when they are sick and I think that that's a message that it would be very helpful if that came out from community leaders, religious leaders, that people not attend religious services if they're sick.

And so if they're not coming into a mass gathering setting, that's really what's going to greatly decrease the risk of transmission. As you know influenza viruses spread when an ill individual probably should stay at home but they decide to go into work or go into community or group settings, they cough and sneeze and someone is in close proximity to them and can get infected.

That way they may also cough or sneeze and touch their hands or their face and then touch computer keyboard or door knob or something like that. Someone else comes along and touches that and then infects themselves.

So, if sick people are staying at home it really can cut down on the transmission considerably.

Alexia Kelley: Thank you Dr. Santibanez. Would anyone else like to respond?

Okay, let's move on to the next question.

Coordinator: Thank you. Rev. (Eve Nunez), you may ask your question please.

(Eve Nunez): Yes, this is Rev. (Eve Nunez) from the National Hispanic Christian Leadership Conference. We have about 25,000 Latino churches and actually I am on a 50-state tour to help educate our constituents and one of the things that we are covering is the H1N1 doing border security and H1N.

I'd like to know how our organization can get brochures and is it from DHS or HHS that we get brochures that we can distribute as we go to the different states and another question the two states I've been in that some of our people have been asking is what kind of IDs are immigrant families being asked because we are reaching some of these hard to reach families and also providing transportation from state to state as we go but we want to know what kind of ID immigrant families are being asked - do they have to be legal to be able to get the H1N1 flu.

Alexia Kelley: I want to say that we have printed copies available and we can connect you with other brochures both that are available through HHS or through other agencies depending on what your needs are. A Spanish version of the guide is going to be available in the next week or so online and in print and so we can get that to you as well.

Are there any other panelists that would like to address the question?

Pascale Wortley: This is Pascale Wortley. The last part of the question I believe is was there a requirement to be a US resident to be vaccinated.

(Eve Nunez): Yes.

Pascale Wortley: Yes, from a federal standpoint there is no such requirement and I am not aware of states that are implementing that kind of requirement.

Alexia Kelley: Thank you so much Dr. Wortley. Can we take the next question?

Coordinator: Thank you. (Michelle Hale), you may ask your question please.

Alexia Kelley: Do we have the next question?

Coordinator: Ms. (Hale), please check your mute button.

We'll go on to the next question. (Deb Taylor) you may ask your question.

(Deb Taylor): Yes. This is (Deb Taylor) from Anderson University and I have sort of a two-part question here. If somebody could clarify, is Type A influenza the same as the seasonal flu?

Joe Bresee: Sure. This is Joe. I'm happy to answer that question.

Seasonal flu - there are three main types of influenza. There's A, B and C. Seasonal flu viruses, there is - flu A or flu B viruses can circulate in the normal season. And so this Type A that we're talking about in H1N1 is a newly emergent virus. It's Type A but there are also Type A seasonal viruses.

(Deb Taylor): Okay.

Joe Bresee: It's fairly complicated and I apologize that I didn't explain it very well.

(Deb Taylor): And what I want to clarify also is I think I had read on the CDC Web site that at this time 99 percent of Type A influenza is H1N1.

Joe Bresee: That's right and we make that statement because we want to distinguish - want to make clear the fact that the Type A viruses we're seeing or the doctors are picking up on tests are overwhelmingly likely to be this new pandemic virus and not the usual seasonal viruses.

(Deb Taylor): Okay because 99 percent is pretty big. So knowing that, how different is the seasonal flu vaccine versus the H1N1 vaccine?

Joe Bresee: It's very different. That's a good question. As flu viruses evolve over time they become very different year to year really and that's why we give a flu vaccine each year because a vaccine against the flu virus that may have circulated last year may not protect against the flu viruses that circulate this year.

During the pandemic when the new viruses emerge, they're often very different than the old viruses and so the vaccines against last year's seasonal flu or this year's seasonal flu should provide no protection against this new emergent virus and that's why a new vaccine has been prepared against this virus.

(Deb Taylor): If I could one more quick question. If anyone can explain - I'm on a list serve that represents colleges and universities nationwide and the topic this week that has been very adamant and everybody is passionate about is we can no

longer get our seasonal flu vaccine when we were told early that there would be plenty for the fall. So if someone could explain and I would be glad to share this with my list serve as to why we are not getting our flu vaccine.

Joe Bresee: Pascale, do you want to...

Pascale Wortley: I will. Hi, this is Pascale Wortley again. I'd be happy to take that question. This has come up on our end a lot as you might imagine.

And you know what has happened here is a good illustration of what actually happens a lot of years is that the manufacturing process doesn't always proceed exactly on the timeline that people expect it to so in early August there was a lot of anticipation that probably about half of the supply would be available by the end of August and so everybody was geared up for an early vaccination season.

And as it turns out actually by now and actually already as of a week ago a little over half of the projected amount is out. So part of the challenge is that the vaccine has come out and again one thing I didn't mention is the overall amount manufactured has decreased only a small bit by 3% from 118 million doses to 114 million doses so that's a very minor decrease.

So what's happening really is people reacting to this delay. And so the vaccine will be available and is available and people need to find it. There is a tool called (IVAC) that helps locate where vaccine is. But I think that the anxieties that we're hearing about are going to not be born out. The vaccine will be out there. It's just that the timeline is this very unusual timeline that was mentioned earlier on.

(Deb Taylor): Thank you.

Pascale Wortley: You're welcome.

Alexia Kelley: Thank you Dr. Wortley. We can take one last question and then we need to move to our summary.

Coordinator: Thank you. Our next question is from (Vickie McClelland). Your line is open.

(Vickie McClelland): Hi. My name is (Vickie McClelland) and I'm with the Free Medical Clinic and Dental Clinic in Northern Shenandoah in Virginia.

What can you suggest for - as an employer to support employees - key employees that are providers and dentists in our facility that have presented with high risk pregnancies? How can we make sure that we're insuring due diligence for our organization as well as for the employees?

Alexia Kelley: Thank you. Would one of the panelists like to take the question? Dr. Santibanez or Dr. Bresee?

Joe Bresee: Go ahead Scott. I'm sorry.

Alexia Kelley: Go ahead.

Pascale Wortley: I'm sorry. It was that mute button. I'm not entirely sure if I understand the question if it has to do with how to protect these employees from becoming infected or how to obtain vaccine for them.

(Vickie McClelland): No. How to protect the employee - not only the employee but the organization when they are potentially treating patients that present with influenza symptoms.

Pascale Wortley: Maybe, Joe, would this be...

Joe Bresee: I guess so. I may have missed the core point that you're making. So you're saying that if patients come to the dentist and show up with influenza like illness, how to best protect the employees?

(Vickie McClelland): It's really more about - I mean we have all the precautions in place - all the clinical precautions in place. But as an employer, what I'm looking at is to make sure I've done due diligence...

((Crosstalk))

Joe Bresee: I think that - if we go back to a couple of the main messages that ought to do - that if implemented ought to do the lion's share of prevention in your office setting. And one is reminding patients maybe when they make appointments or when they get to the office that if they have influenza like illness symptoms, they should be at home and not exposing other people including your staff.

And I think figuring how to communicate that to people as they come in or as they intend to come into the office seems like a good idea.

The second way because some people are mildly ill and won't know they have the flu maybe or won't tell you they have the flu, is to do the usual things we do prevent the spread of respiratory illnesses and I'm sure that you guys do in your clinics as well and that is wash hands thoroughly, use good personal protective equipment when you are exposed to oral secretions, which I'm sure you do, and wash hands afterwards.

I think doing both those things are probably will eliminate most of the transmission risk. The key is to understand that when flu is in a community, there's lots of flu in the community and that you may well get exposed by patients coming in but you also may well get exposed in the grocery store or by other employees or anywhere else in your life and so I think the practices of staying home when you're sick and encouraging other people to stay home when they're sick and washing your hands a lot will serve you well and protect you from a variety of exposures.

Alexia Kelley: Thank you so much Dr. Bresee and thanks everyone for these great questions and I really want to thank the HHS experts and scientists for being with us and answering these questions.

I want to turn the call back over to Joshua Dubois, Special Assistant to the President and Director of the White House office for safe base and neighborhood partnerships. Joshua, thank you for closing us off here.

Joshua Dubois: Thank you Alexia and again thanks to everyone for taking time out to join today's call and a special word of thanks to our experts at HHS.

So you know as Alexia mentioned at this moment right now the H1N1 flu guide for faith based and community organizations is live. It's up on our Web site at [hhs.gov/partnership](http://hhs.gov/partnership) as well as at [flu.gov](http://flu.gov). That's [hhs.gov/partnership](http://hhs.gov/partnership). Also at [flu.gov](http://flu.gov). And I really urge you to visit these Web sites, download your copy today and you could also help us spread the word by adding what's called a flu widget to your Web site. All you have to do is click share under the subheading, know what you can do about flu, at the Web site [hhs.gov/partnership](http://hhs.gov/partnership).

Listen, we want to continue to work with you on this issue but also on many others and to insure that you're receiving information regarding health and human services specifically geared for the faith community and for community based organizations, I would encourage you to join our HHS partnership in our list serve.

You can do this by visiting [hhs.gov/partnership](http://hhs.gov/partnership), the same Web site I just mentioned and just click join the mailing list on the right hand side of the page.

And, of course, if you have any questions about this call or if you want to request a hard copy of the new guide, just drop us an email at [partnerships@hhs.gov](mailto:partnerships@hhs.gov). Again, that's [partnerships@hhs.gov](mailto:partnerships@hhs.gov).

Thank you all for joining the call today. Thank you for the great work that you're doing day in and day out in communities across the country and we look forward to working together with you to strengthen our families and our communities.

Take care everyone.

Coordinator: Thank you. This concludes today's conference. Thank you participating. You may disconnect at this time.

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