

AMCHP Issue Brief

The Role of State MCH Programs in H1N1 Response

Introduction

State Maternal and Child Health (MCH) programs have been authorized by Title V of the Social Security Act to develop, deliver and support comprehensive public health systems and services in every state and territory for women and children, including children and youth with special health care needs (CYSHCN). State MCH programs serve all women and children in each of the 59 states and jurisdictions. AMCHP represents the state public health leaders - Maternal and Child Health Directors and Children with Special Health Care Needs Directors - who administer MCH programs and promote the health of America's families.

This issue brief summarizes State MCH program involvement with H1N1 response thus far and suggests roles that State MCH programs can continue to play in preparedness and response efforts throughout the fall and winter. The information included in this brief was obtained through a query of State MCH leaders in August 2009.

H1N1 influenza has been shown to have a disproportionate impact on MCH populations. Children, particularly those who are less than five years old, children with chronic conditions, and pregnant women are at higher risk for complications if they become ill with novel H1N1 influenza. State MCH programs have a unique and important role with regard to H1N1 preparedness and response as they bring specific public health and maternal and child health expertise. State MCH programs can build on existing linkages to community resources and existing partnerships with community organizations and providers in order to reach women and children.

How are Title V programs engaged in H1N1 response?

In general, State MCH programs across the nation were involved in preparedness and response activities during the spring and summer H1N1 outbreak and will continue to assist with response throughout the fall and winter. To engage in response work, State MCH programs serve as a strategic resource within state health agencies and partner with other key state agencies such as Education and Social Service/Child Care.

Figure 1.

How was your State MCH program involved in the spring 2009 outbreak?

Staffing emergency/pandemic operations centers	71%
Coordinating information dissemination and prevention strategies related to H1N1 for infants and children	54%
Facilitating communication and coordinating response activities with child care providers	54%
Assisting with decisions regarding school closures	54%
Updating state pandemic preparedness plans	54%
Coordinating information dissemination and prevention strategies related to H1N1 prevention for pregnant women	46%
Coordinating information dissemination and prevention strategies related to H1N1 for CYSHCN	39%
Serving as a liaison to community and family groups	32%
Other	46%

State MCH programs are staffing emergency operations centers and coordinating the dissemination of prevention strategies for infants, children, including CYSHCN and pregnant women. State MCH programs are also assisting with decisions regarding school closures and facilitating response activities with child care providers (see Fig 1.).

State MCH programs have built on established relationships with partner organizations, especially to reach special and vulnerable populations. These state partners include the American Academy of Pediatrics, American College of Obstetricians and Gynecologists, Family Voices, Family to Family Information Centers, and others. State MCH programs in many states oversee home visiting programs and WIC (The Special Supplemental Nutrition Program for Women, Infants, and Children) which provide additional outlets for reaching women and infants. State MCH programs can also help facilitate communication between State Emergency Preparedness and Immunization programs and key MCH partners.

State MCH programs also continue to work with health providers and school nurses, which were called upon during the spring H1N1 outbreak, to collaborate on prevention messages and other information dissemination and planning efforts during the spring and summer.

What did we learn from the spring and what do Title V programs need to best address H1N1 in the fall and winter?

The Centers for Disease Control and Prevention (CDC) anticipates that there will be more cases of H1N1 into the fall and winter. Because H1N1 influenza has disproportionately affected children and pregnant women, these populations are at a greater risk in the coming months. State MCH programs have an opportunity to focus on prevention for MCH populations and decrease morbidity and mortality in children and pregnant women who become ill with H1N1 flu. Although other state agencies take the lead on H1N1 response, State MCH programs are partnering with other agencies and organizations to offer their expertise, information, and assistance.

Federal agencies and partners have been working to update guidance and recommendations for states and health providers to respond to H1N1 including guidance on child care, school dismissal, vaccine dissemination, and surveillance. State MCH programs intend to play a significant role by monitoring H1N1 cases within their state and coordinating vaccination and other prevention strategies. In addition, State MCH programs intend to staff emergency operations centers, assist with updating their state pandemic flu plans, and help make decisions regarding school closures or dismissals (see Fig 2.).

State MCH programs reported needing more information, in particular to address the needs of children and youth with special health care needs related to H1N1. The majority of AMCHP members reported having adequate information to address the needs of children and adolescents, children in child care centers, and pregnant women but a significant number still noted a desire for more information on these populations.

Figure 2.

How will your State MCH program remain or become involved in the H1N1 response this fall?	
Coordinating information dissemination on H1N1 prevention for infants and children	76%
Staffing emergency/pandemic operations centers	70%
Coordinating information dissemination on H1N1 prevention for CYSHCN	67%
Coordinating information dissemination on H1N1 prevention for pregnant women	67%
Updating state flu/pandemic preparedness plans	58%
Coordinating H1N1 vaccine and treatment strategies for infants and children	55%
Facilitating communication and coordinating response with child care providers	55%
Serving as a liaison to community and family groups	52%
Coordinating H1N1 vaccine and treatment strategies for pregnant women	48%
Coordinating H1N1 vaccine and treatment strategies for CYSHCN	39%
Determining school closing/dismissal strategy for fall 2009	36%
Other	24%

AMCHP appreciates the Emerging Issues Committee's guidance in the development of this issue brief.

What can AMCHP do?

AMCHP has been closely monitoring H1N1 developments throughout the spring and summer and will continue to do so in the coming months. We are working closely with CDC and other partners to ensure that State MCH programs have the most up to date information on H1N1 prevention and response activities. We will continue to disseminate MCH specific information to our members and partners throughout the fall and winter months.

To ensure that the needs of women, infants, and children, including those with special health care needs are adequately addressed in H1N1 flu response, AMCHP will also continue to advocate for State MCH programs to play a significant role in preparedness and planning activities.

Select Resources*

Please check AMCHP's website at <http://www.amchp.org> for a more comprehensive list of resources on H1N1.

General Flu Information

U.S. Department of Health and Human Services at www.flu.gov/ for planning information, including checklists and printable flyers.

Centers for Disease Control and Prevention at <http://www.cdc.gov/h1n1flu/>

AMCHP *Pulse* article: "Impact of Novel H1N1 Influenza on Children and Pregnant Women: Planning for the Fall," prepared by the CDC <http://www.amchp.org/AboutAMCHP/Newsletters/Pulse/August2009/Pages/Feature1.aspx>.

Pregnant Women

Considerations Regarding Novel H1N1 Flu Virus in Obstetric Settings at <http://www.cdc.gov/h1n1flu/guidance/obstetric.htm>

Pregnant Women and Novel Influenza A (H1N1) Virus: Considerations for Clinicians at http://www.cdc.gov/h1n1flu/clinician_pregnant.htm

What Pregnant Women Should Know About H1N1 (formerly called swine flu) Virus at <http://www.cdc.gov/h1n1flu/guidance/pregnant.htm>

Considerations for Pregnant Women who are More likely to be Exposed to Novel H1N1 Flu (Swine Flu) at work: Information for Women in Education, Child Care, and Health Care at <http://www.cdc.gov/h1n1flu/guidance/pregnant-hcw-educators.htm>

Infants

Novel H1N1 Flu (Swine Flu) and Feeding your Baby: What Parents Should Know at <http://www.cdc.gov/h1n1flu/infantfeeding.htm>

Children

Interim Guidance for Clinicians on the Prevention and Treatment of Novel Influenza A (H1N1) Influenza Virus Infection in Infants and Children at <http://www.cdc.gov/h1n1flu/childrentreatment.htm>

Children and Youth with Special Health Care Needs

Information about the Flu -including the new H1N1 Flu- for People with Certain Medical Conditions at http://www.cdc.gov/flu/professionals/flu/gallery/2009-10/pdf/certain_medical.pdf

* Resources listed are current as of September 1, 2009. Please visit <http://www.cdc.gov/h1n1flu/> frequently for the most up-to-date H1N1 information and guidance.

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