

# **H1N1 Preparedness Survey Executive Summary**

November 2009



## **INTRODUCTION**

In October 2009, staff from the AAFP's Marketing Research and Public Relations departments worked together to develop a research project with the objective of assessing physicians' preparedness for the recent surge in cases of H1N1 influenza.

The team developed an online survey to go to the AAFP membership. The results of this survey are presented in this report.

## **EXECUTIVE SUMMARY**

### **H1N1 Incidence**

Most respondents have noticed an increase in H1N1 patients:

- Seventy-eight percent of respondents (78%) indicated that they were seeing significantly more patients with symptoms typical of H1N1 during the time of this survey.

### **Preparedness for H1N1 Outbreak**

Physicians tended to consider themselves somewhat prepared for a surge in H1N1. However, their responses reflected confidence in their clinical abilities and knowledge of treatment guidelines.

- When asked to assess their overall preparation for a surge in the incidence of H1N1 on a scale of 1 to 5, the average (mean) was 3.47.
- The vast majority (95%) of respondents indicated familiarity with the CDC clinical guidelines for H1N1.
- Most respondents reported educating their patients about lessening the risk of H1N1 infection (92%), reviewed patients' medical information regarding the need for H1N1, other flu and pneumonia vaccinations (84%), were in contact with local agencies to be notified about vaccine availability and outbreaks (81%), and had access to needed diagnostic testing resources (70%).

## DETAILED FINDINGS

### H1N1 Incidence and Preparedness

Most respondents (78%) indicated that they were seeing significantly more patients with symptoms typical of H1N1 during the time of this survey.

**Are you seeing a significant increase in patients who have tested positive for H1N1 or patients exhibiting symptoms typical of H1N1 influenza?**

	n	%
Yes	357	78.1%
No	100	21.9%
<b>Total</b>	<b>457</b>	<b>100.0%</b>

When asked to assess their overall preparation for a surge in the incidence of H1N1 on a scale of 1 to 5, the average (mean) was 3.47.

**On a scale of 1 to 5 (5 being totally prepared and 1 being totally unprepared), how do you think your practice is prepared to manage a surge of H1N1 this fall and winter?**

	n	%
1	5	1.1%
2	52	11.4%
3	162	35.4%
4	195	42.6%
5	44	9.6%
<b>Total</b>	<b>458</b>	<b>100.0%</b>

Mean: 3.48

Median: 4

The vast majority (95%) of respondents indicated familiarity with the CDC clinical guidelines for H1N1.

**Are you familiar with and acting on the latest clinical guidelines for H1N1 issued by the Centers for Disease Control and Prevention?**

	n	%
Yes	433	95.0%
No	23	5.0%
<b>Total</b>	<b>456</b>	<b>100.0%</b>

Most respondents reported educating their patients about lessening the risk of H1N1 infection (92%), reviewed patients' charts regarding the need for H1N1, other flu and pneumonia vaccinations (84%), were in contact with local agencies to be notified about vaccine availability and outbreaks (81%) and had access to needed diagnostic testing resources (70%).

**Which of the following has your practice included in its plan to prepare for and respond to the H1N1 pandemic? (check all that apply)**

	n	% of total
Educating patients on lessening their risk of infection	417	91.9%
Review patients' records during visits for need for H1N1, seasonal influenza and pneumococcal vaccinations	381	83.9%
Are in contact with local and/or state health departments to be notified when vaccines become available if and/or when outbreaks occur	366	80.6%
Have access to needed diagnostic testing resources	316	69.6%
Prepared to deal with the illness and absence of practice staff	244	53.7%
Planned for and prepared to implement telephone triage system	226	49.8%

## METHODOLOGY

### Method and Sampling

In October 2009, 6,305 AAFP members were emailed with an invitation to complete the survey. A total of 462 surveys were completed as of October 29, yielding a response rate of 7.3%.

### Limitations

While these results may indicate general trends and approximate trends among the broader population, all sample surveys are subject to multiple sources of error which are not possible to quantify or estimate, including sampling error, error associated with non-response, error associated with question wording, and response options, and post survey weighting.

## ATTACHMENT A: Select Open-ended Comments

### What else is your practice doing to prepare for the possibility of a severe flu outbreak or an H1N1 pandemic?

- Added hand washing station in lobby for patients and their family members.
- All staff receive both the seasonal vaccine and the H1N1 immunization since we are on the front line and need to be prepared to serve our patients.
- Arranging for added "on call" providers.
- Cleaning doorways and fomites several times a day.
- Local TV and church communiqués.
- Segregation of infected patients – separate entrance and isolation lobby.
- Designated daily "flu doctor" and "flu nurse."
- Lobby signs to wear masks on entering the practice; staff also masked.
- Distribute patient information sheets.
- Encouraging all patients to get their seasonal flu vaccinations.
- Expanded hours = evening flu clinics.
- Arranged for extra staffing.
- Give patients "flu" kits that include thermometer, two days worth of Tylenol & ibuprofen, surgical mask, hand sanitizer, tissues, cough drops and lots of patient information from the CDC.
- Now offer Saturday morning clinics; also now scheduling appointments over lunch during the regular week.
- Have walk-in appointments for anyone who shows up during office hours.
- Removed all reading material from waiting and exam rooms.
- Maintaining channels of communication with schools and local factories.
- Providing pediatric/education in schools.
- Phone triage by staff.
- Administering H1N1 vaccine as much as possible.
- Preparing messages in alternate languages.
- Set aside an "out of the way" exam room for patients with symptoms possibly related to H1N1.
- Spraying each room after every patient with Lysol no matter what they are seen for.
- Considering seeing patients in their cars to prevent further spread, and speed the visits.
- Tell patients not to panic but be informed.

- Encouraging patients to check our Web site, which we update regularly with new information.
- Offering virtual visits.
- Sending informational e-mails to our patients.
- Web-based triage and self-care information, office-based triage and self-care information.
- Community-wide posters and health promotion activities.