Influenza poses one of the world’s greatest infectious disease challenges. CDC programs protect the United States from seasonal influenza, as well as pandemic influenza which occurs when a new flu virus emerges that can infect people and spread globally.

### Influenza is always changing
- Flu viruses change constantly, from season to season and sometimes during the season.
- Flu vaccines must be updated frequently to keep up with these changes.
- Each year, influenza causes millions of illnesses, hundreds of thousands of hospitalizations, and tens of thousands of deaths.

### Seasonal flu causes sickness and death

<table>
<thead>
<tr>
<th>Category</th>
<th>Estimate (2017-2018)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deaths</td>
<td>12,000-61,000*</td>
</tr>
<tr>
<td>Severe cases/hospitalizations</td>
<td>140,000-810,000*</td>
</tr>
<tr>
<td>Illnesses</td>
<td>9.3 – 45* million</td>
</tr>
</tbody>
</table>

*The top range of these burden estimates are from the 2017-2018 flu season. These are preliminary and may change as data are finalized.

### Novel influenza viruses are always emerging
- Most influenza viruses don't spread in people, but spread in animals, especially wild birds and pigs.
- A few of these animal influenza viruses can spread to people, and in rare cases, may cause a pandemic.
- Periodically, more instances of animal influenza viruses infecting people are reported.
- People may have little or no immunity to pandemic influenza so the consequences can be much greater.

### An influenza pandemic can emerge anywhere and spread globally
- Four influenza pandemics have occurred in the past 100 years.
- The 1918-19 flu pandemic was the most severe, killing 675,000 Americans and 50 to 100 million people worldwide.
- During a pandemic:
  - medicine may be in short supply
  - vaccines may not be readily available
  - hospitals may be overwhelmed
  - schools and businesses may close

### Estimated U.S. deaths from pandemic flu
- 1918: 675,000 H1N1
- 1957: 116,000 H2N2
- 1968: 100,000 H3N2
- 2009: 12,469 H1N1

Future pandemics?
What CDC does to protect Americans from influenza threats

CDC uses its scientific expertise and resources to address the continuing threat posed by seasonal and pandemic influenza. Key CDC activities that protect people against both seasonal and pandemic influenza include:

### Monitoring influenza viruses

Works with domestic and global public health partners to monitor both human and animal influenza viruses to know what and where viruses are spreading and what kind of illness they are causing.

### Studying influenza viruses in the laboratory

Studies both human and animal influenza viruses in the laboratory to better understand the characteristics of these viruses, including conducting genetic sequencing on more than 6,000 viruses each year.

### Improving testing and diagnostic tools

Develops and distributes tests and supplies materials to state, local, territorial, and international laboratories so they can detect and characterize influenza viruses.

### Leading influenza planning and preparedness

Supports state and local governments in preparing for the next influenza pandemic, including planning and leading pandemic exercises across all levels of government. CDC works with the World Health Organization and partner countries in pandemic planning efforts. Domestically, CDC supports the development and use of community mitigation measures and medical countermeasures to minimize the impact of a pandemic.

### Supporting vaccine development

Assists global and domestic experts who choose which viruses to include in seasonal vaccine production for each year’s vaccine and guides prioritization of pandemic vaccine development. CDC develops candidate vaccine viruses used by manufacturers to make flu vaccines. CDC tracks and monitors seasonal influenza vaccine distribution.

### Funding and technical assistance

Provides direct support to state, local, and territorial public health departments for influenza surveillance and laboratory work. Globally, CDC supports more than 50 countries to build surveillance and laboratory capacity to find emerging influenza threats and respond to them.

### Improving tools to prevent and control influenza

Evaluates the effectiveness of vaccines and drugs and updates recommendations on these.

### Providing timely and accurate information

Informs health care providers and the public about influenza prevention and control measures. CDC works with businesses, schools, communities, and others to plan for and address influenza threats.
Ten Principles for Holding Safe Vaccination Clinics at Satellite, Temporary, or Off-Site Locations

During All Stages (Pre-Clinic, During the Clinic, and Post-Clinic)

1. **Keep vaccines at the correct temperature at all times** using proper procedures for vaccine transport, handling and storage. Document temperature monitoring at appropriate intervals during all stages. For further guidance:
   www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf

**Pre-Clinic**

2. **Have vaccine shipped directly to the site.** If direct shipment is not possible, transport vaccine using correct storage and handling guidelines.

3. **Train staff to perform CPR and treat medical emergencies**, including anaphylaxis. Ensure supplies are on site, including an emergency medical kit and infection control supplies, as well as **enough Vaccine Information Statements (VISs)**.

**During the Clinic**

4. **Always check for medical contraindications and allergies** before vaccinating anyone. **Provide VISs for all patients or guardians.**

5. **Follow manufacturers’ instructions and Advisory Committee on Immunization Practices guidelines for correct age and intervals** (for vaccines that require more than one dose).

6. **Follow manufacturers’ instructions for injection dose, site, and route.**

7. **Only use vaccines that are not damaged, not expired, at the correct temperature, and prepared using aseptic technique.**

8. **Follow safe handling of needles and syringes**, including using a new needle and syringe for every injection. Dispose of all sharps in a sharps container.

9. **Document** every vaccination and give patients a copy.

**Post-Clinic**

10. **Keep patient information secure and private.** Record vaccinations in the Immunization Information System (IIS), if available.

For further guidance, refer to the full checklist:
www.izsummitpartners.org/off-site-vaccination-clinic-checklist

▸ This document is NOT intended to replace use of the checklist.

Version 3 (Updated January 25, 2019)
POD Floor Plan Examples

A single large room may be used for POD operation. Utilize a space that is familiar to employees such as a cafeteria or large conference room. A POD floor plan may also be comprised of utilizing several rooms with a long hallway to operate the POD (e.g. one room is used as a greeting area; the next room can be used for screening; and so on for dispensing). The example diagrams provided below are only suggestions.

POD FLOOR PLAN – Large Room

Use this floor plan if you want all employees to come to a central location to receive medication. Use a conference room or cafeteria for a large crowd.

Greeting

Line Begins

Screening

Screening

Entrance

Line

Staff

Line Staff

Dispensing

Area to Fill Out Forms

Exit

Staffing for this floor plan consists of 2 Greeters, 4 Screeners, 4 Dispensers, and 2 Line Staff which could be used by an organization with an employee base of 2,500 people.

This image is an example of a POD floor plan using a conference room. Employees will begin at the POD entrance and approach the Greeting table to receive a Head of Household (HOH) Form and Information Packet. Multiple chairs are provided so employees can fill out the HOH Form. Upon completion of the HOH Form, employees shall enter the serpentine line until they meet up with Line Staff. The Line Staff will direct the employee to an open Screener. Once the screening portion is complete, another Line Staff position will direct the employee to an open Dispenser. Once the employee receives the medication, he/she will exit the room.

Note: Serpentine lines can be made with traffic cones and caution tape or if available, stanchions, and rope.

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POD FLOOR PLAN – Multiple Rooms

Use this floor plan if your organization doesn’t have a large room available to use.

Entrance → Greeting → Area to Fill Out Forms → Screening → Screening → Screening → Exit

Dispersing → Dispensing → Dispensing → Dispensing

Staffing for this floor plan consists of 3 Greeters, 12 Screeners, 12 Dispensers, and 2 Line Staff which could be used by an organization with an employee base of 7,500 people.

This image is an example of a POD floor plan utilizing three rooms and a long hallway. Employees first enter the Greeting room and approach the Greeting table to receive a Head of Household (HOH) Form and Information Packet. Multiple chairs are provided so employees can fill out the HOH Form. Upon completion of the HOH Form, employees shall exit the Greeting room and walk toward the Screening room where Line Staff directs the employee to an open Screener. Once screening is complete, the employee will exit the Screening room and walk toward the Dispensing room. Line Staff will direct the employee to an open Dispenser. When the employee receives the medication, he/she will exit the room and hallway.

Notes:

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