**Response 1: ibr**

Influenza is a global outbreak that can lead to critical outcomes among infected people. It is known that influenza viruses have a strong capability in increased morbidity and mortality among the infected (Department of Health and Human Services, 2017). The vulnerability to influenzas is different from a group of people to another. Older people and those with some health conditions, including respiratory or heart diseases, are much more vulnerable to be infected than those who are adults and with no diseases (Maurer, 2009). In this post, I will share my response plan for such flue influenza, and I will describe some priorities in deciding to whom vaccines will be given and why the other will wait for the upcoming vaccines.

**The Response Plan**

According to the Center for Disease Control and Prevention (2019), an investigation is one of the critical strategies in responding to an outbreak. Thus, in my response plan action, I would start with some investigations of cases by tracking and monitoring them to localize the affected people who will likely be either confirmed or contacted. After identifying the affected area, I would start focusing on controlling the outbreak from spreading by isolating and vaccinating the confirmed cases. I would also establish a surveillance system to collect data on the number of confirmed and contacted persons and those who cannot receive vaccines from recognizing the number of vaccines that would be needed not only for these people but also for the responders. It is thus crucial to vaccinate all the confirmed and contacted people to keep influenza from spreading.

If there were a limited amount of vaccinations, here, my response would be different than if I have sufficient vaccines. After counting the number of confirmed and contacted cases, I would adhere to some priorities such as the age and the contraindications of taking vaccines. Some of these contraindications are: “Children younger than 6 months of age are too young to get a flu shot and people with severe, life-threatening allergies to flu vaccine or any ingredient in the vaccine. This might include gelatin, antibiotics, or other ingredients” (CDC, 2019). The confirmed cases would receive the vaccines immediately after identifying them, while the confirmed persons would receive vaccines by relying on their age. For example, children and older people, mainly the contacted of them, would have the priority to receive the vaccines after the confirmed cases, whereas adults would not receive them until completing vaccinating those with high priorities.

In conclusion, although influenzas sometimes kill many people, especially older people and those with medical issues, some people ignore the adverse outcome of this pandemic. When responding to an influenza case, it is vital to utilize an active surveillance program to gather data regarding the number of people who are either confirmed or contacted and then establishing the response action plan to prevent spreading the outbreak. It is also recommended to raise awareness across the community against influenza and educate people about the significant functions of vaccines in order to motivate people to take them.

References

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**Response2**: wal

     Managing an outbreak of the influenza virus is a challenge to the medical society. Influenza is an infection that can quickly spread from one person to another through contaminated particles in the air, causing illnesses and even death in extreme situations. Over time, the influenza virus has mutated and evolved with newer deadlier strains that are caused by interspecies transmission from animals to humans. Examples of these strains include the swine flu and the bird (avian) flu. These new mutations of the flu have catastrophic consequences resulting in the death of hundreds if not dealt with properly.

         There has been a detection of a highly infectious flu virus in my country and as an emergency officer; the first step is to assess who stands to be the most at-risk persons. For any action to be taken to reduce the deaths caused by the potential pandemic, it is necessary to ascertain and have a clear picture of those who will be most affected by the outbreak of the flu virus in my country (Chua & Chen, 2010). Ideally, people who need immunization against the flu virus can access the flu vaccine, but in the case of an outbreak, some people require protection more than others because in a pandemic, a wide-scale outbreak, vaccines are not readily available, may run out and the production takes four to six months. With the little available vaccine, difficult decisions have to be made like who gets the medicine first and who is at most risk and what are the criteria to determine that. Infectious diseases such as the one detected kill anyone regardless of their state of health, which creates equality in medical needs. I would use the public-private model of partnership for vaccine distribution, where the government is the buyer but has contracts in place with private companies for production and distribution of vaccines in case of an epidemic (Daems, Del Giudice & Rappuoli, 2005). This ensures that the distribution of emergency vaccination is maximizing geographical reach using different distribution avenues such as pharmacies, private clinics, mass immunizers, hospitals, and state and local departments of health.

         In any case, health workers should be protected first. These are doctors, nurses, EMTs, and paramedics. This ensures they are available to care for other patients without facing the threat of illnesses. Vulnerable persons will be vaccinated next; children, pregnant women, people with chronic diseases, older people, and people with suppressed immunity like those living with HIV. Then people with overcrowded living situations like homeless people and prisoners because they can spread the disease rapidly (Arras, 2005).

         This method of distribution is utilitarianism, which states that the people with the most to offer are vaccinated first, then the children because they have their whole life ahead of them, then the others. Although the allocation of vaccines to particular people can be met with questions, authorities and the medical community need to explain to the public the ethical reasons behind this decision making (Bansal et al., 2010).

References

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