

Preparing Your Agencies For Pandemic Influenza: What To Do, What Not To Do and Why

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■ Agenda

- ✓ Separating Myth From Reality: Pandemic Influenza, 2009
- ✓ Pandemic Influenza Scenarios 2009 - ?
- ✓ Responses: “All-Hazards” and Pandemic Influenza
- ✓ Agency Strategies: Pandemic-Influenza Specific Continuity of Operations Plans (COOP)
- ✓ Brainstorming: Barriers, Solutions and Needed Assistance

Separating Myth From Reality: Pandemic Influenza, 2009

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- The Most Important Thing to Know About Pandemic Influenza
-

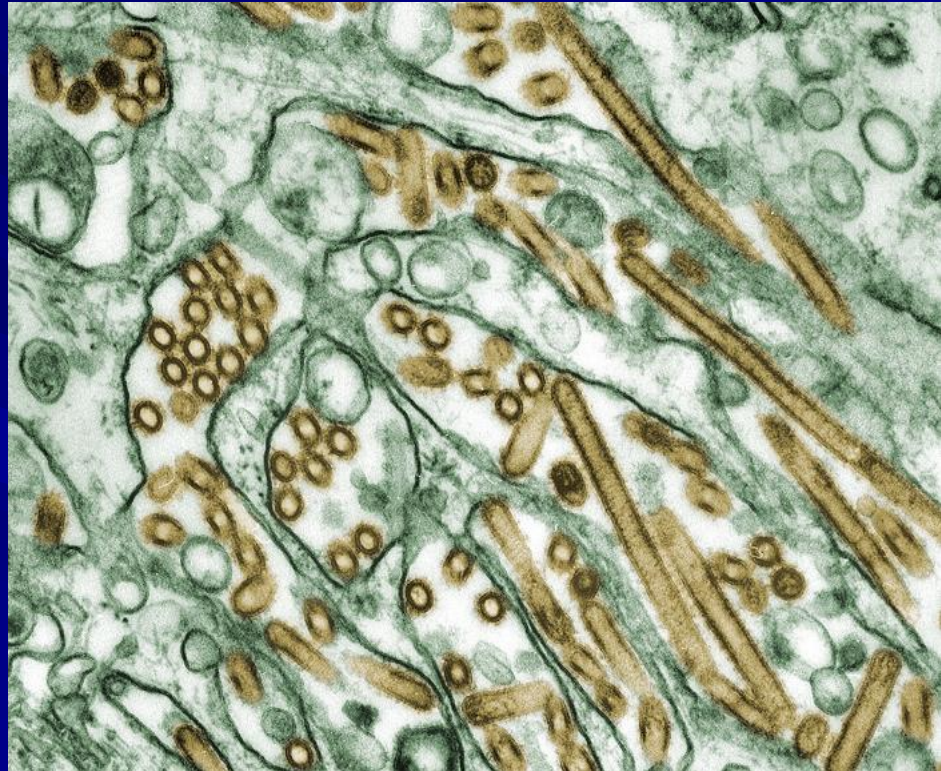
UNPREDICTABLE!

■ Pandemic Influenza Isn't New...

- ✓ The Spanish Flu of 1918 killed 20-50 million people worldwide and 500,000 – 675,000 in the U.S. (+/- 1.5 million in 2008)
- ✓ 1957 pandemic caused at least 70,000 U.S. deaths and 1-2 million globally
- ✓ 1968 pandemic caused at least 34,000 U.S. deaths and 700,000 worldwide

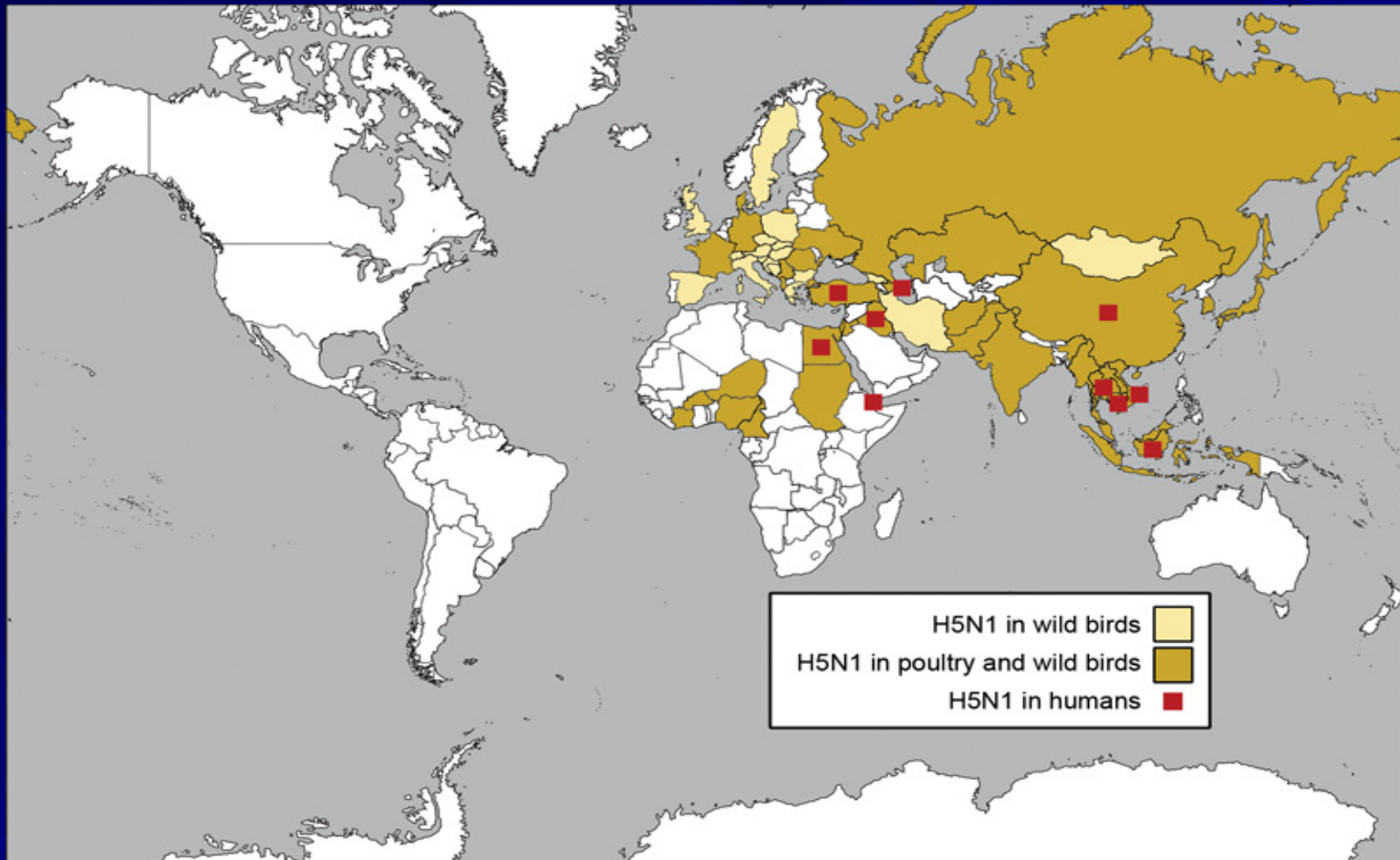
Novel H5N1 Influenza (“Avian”)

- ✓ Since 1997 H5N1 has occurred in a large number of birds - human infections have occurred
- ✓ Bird-to-human transmission; no human-to-human transmission (yet)



■ H5N1, Continued

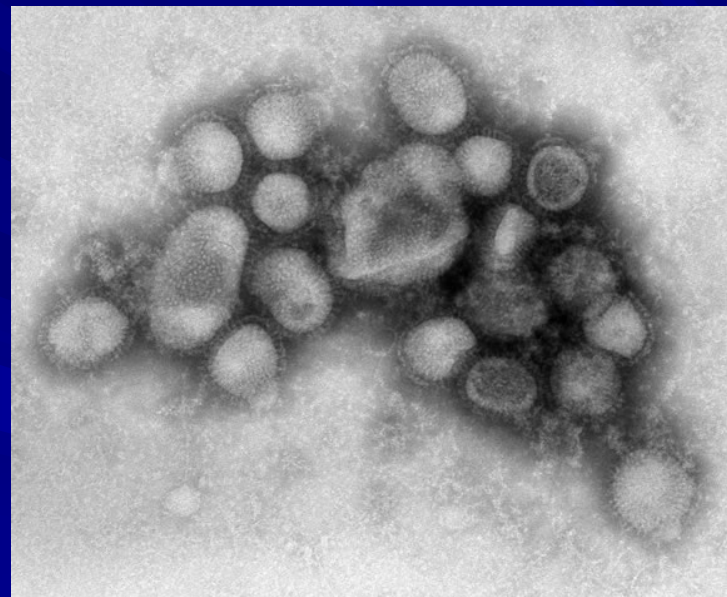
- ✓ 58% mortality rate
- ✓ Highest number of deaths-Indonesia
- ✓ Avian Influenza is not a pandemic influenza (yet)



No H5N1 cases have been reported in
North or South America

■ Novel H1N1 Pandemic Influenza ("Swine")

- ✓ Cases growing exponentially
- ✓ Vast undercount!
(CDC estimate 1 in 20)



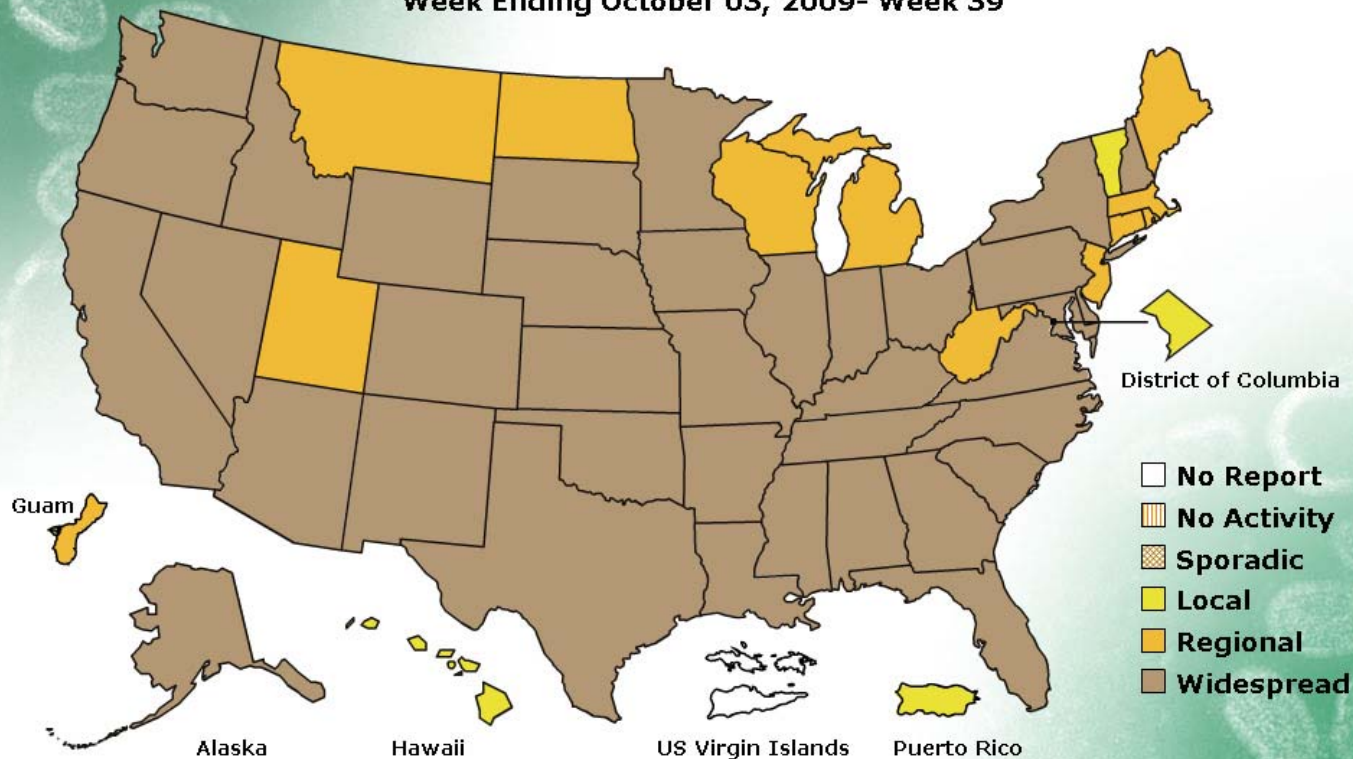
Geographic Spread of H1N1 10/3/09

FLUVIEW



A Weekly Influenza Surveillance Report Prepared by the Influenza Division
Weekly Influenza Activity Estimates Reported by State and Territorial Epidemiologists*

Week Ending October 03, 2009- Week 39



[«Previous Week](#)

[Downloadable Version](#)

*This map indicates geographic spread and does not measure the severity of influenza activity.

■ H1N1, Continued

- ✓ Peculiar infection patterns – median age 12 to 17 years
- ✓ CDC has recommended stopping lab-test confirmations with certain exceptions
- ✓ Severity remains low
- ✓ H1N1 replicates very efficiently; contagion level is high

■ H1N1, Continued

- ✓ Summer transmission rates were disturbingly high
- ✓ Early Fall spread is unusual
- ✓ Minimal numbers of cases of antiviral-resistant flu
- ✓ Hospitalizations greater than seasonal flu
- ✓ Pediatric deaths greater for H1N1 than last year's seasonal flu

■ H1N1 Risk Factors

- ✓ Pregnant Women
- ✓ Children and Young Adults
- ✓ Immuno- Compromised
- ✓ “Normal” Risk Factors

■ Priority Immunization List

Seasonal Flu	H1N1 Flu
Those age 65 and older	Pregnant women
Children younger than 2 years old	Household contacts and caregivers for children younger than 6 months of age
People of any age who have chronic medical conditions (e.g. diabetes, asthma, congestive heart failure, lung disease)	Healthcare and emergency medical services personnel
	All people from 6 months through 24 years of age
	People aged 25 through 64 years of age who have health conditions associated with higher risk of medical complications from influenza.

- What Does It All Mean?

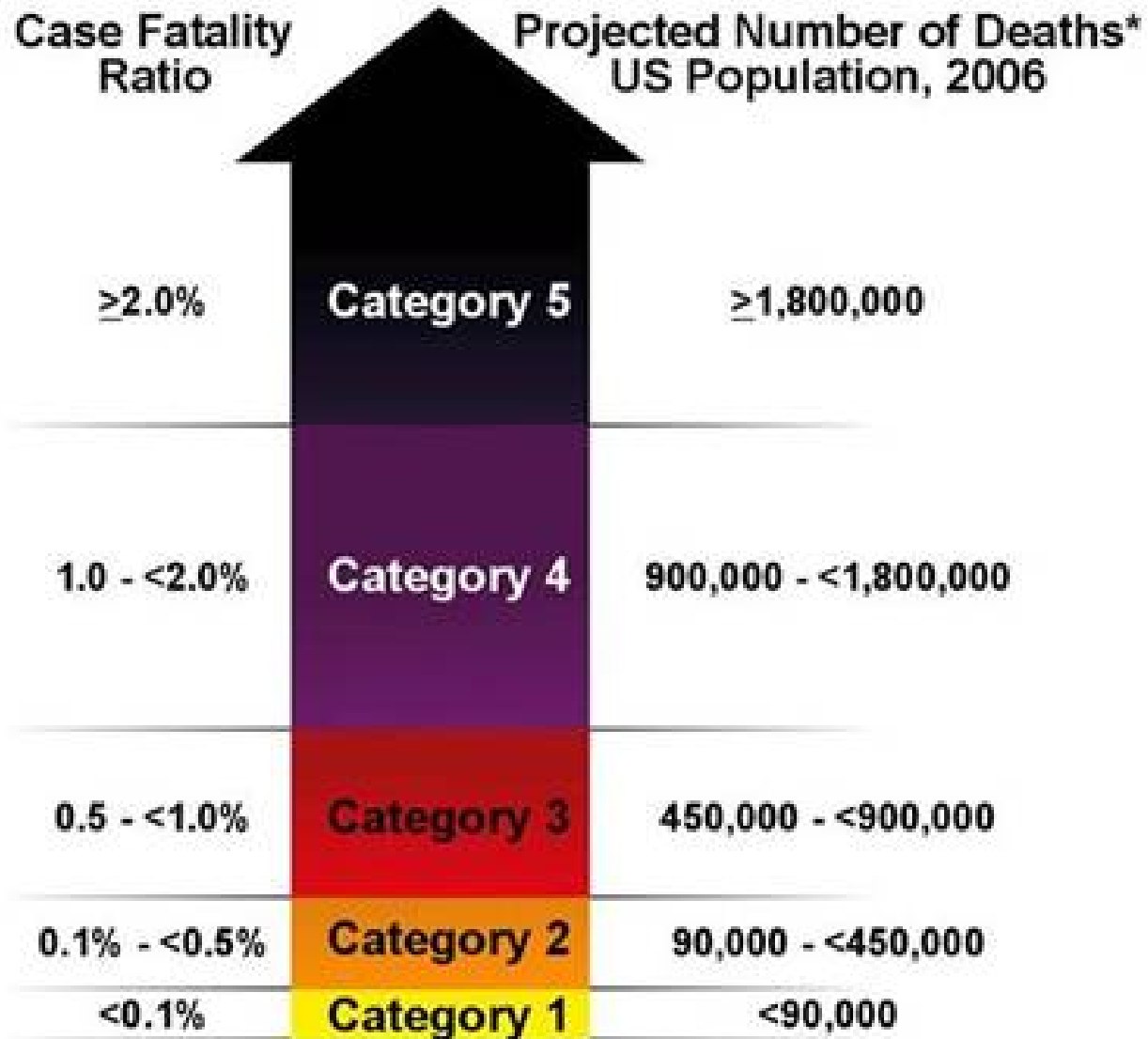
UNPREDICTABLE!

Pandemic Influenza Scenarios 2009 - ?

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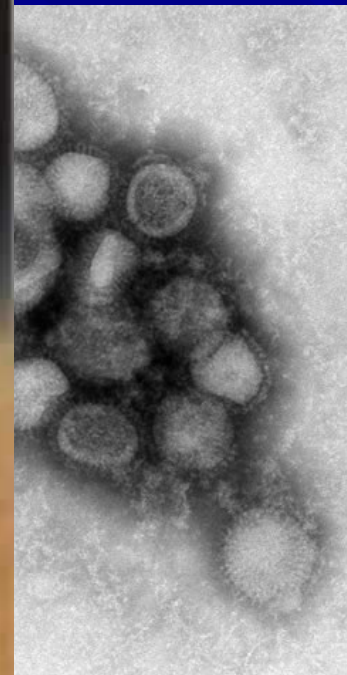
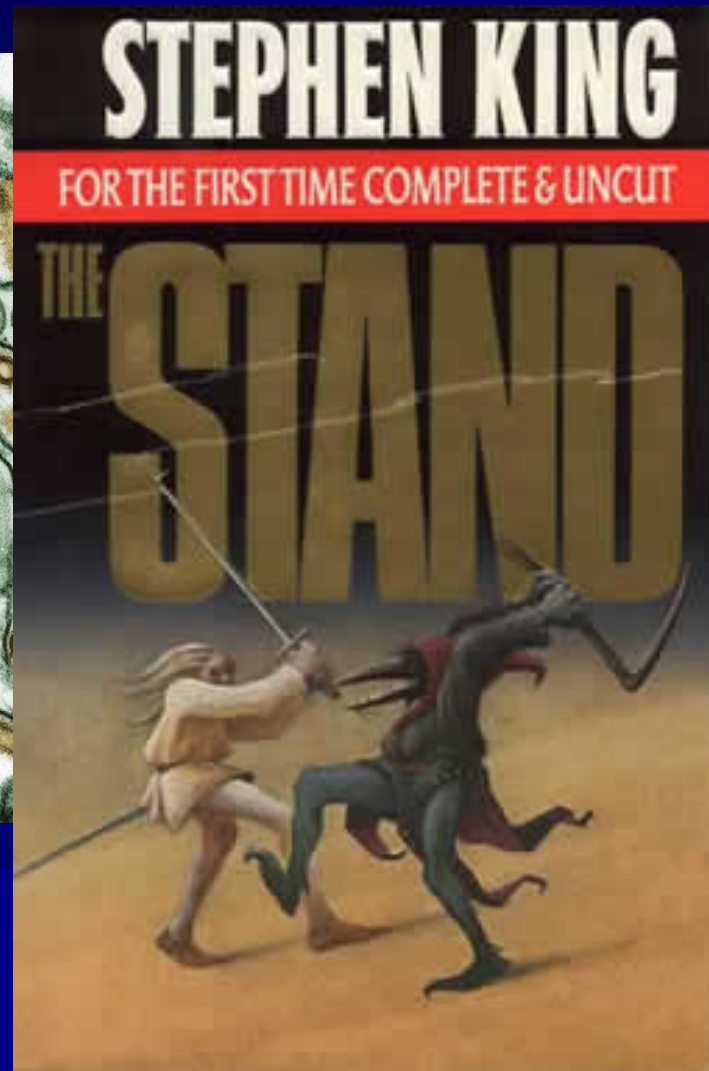
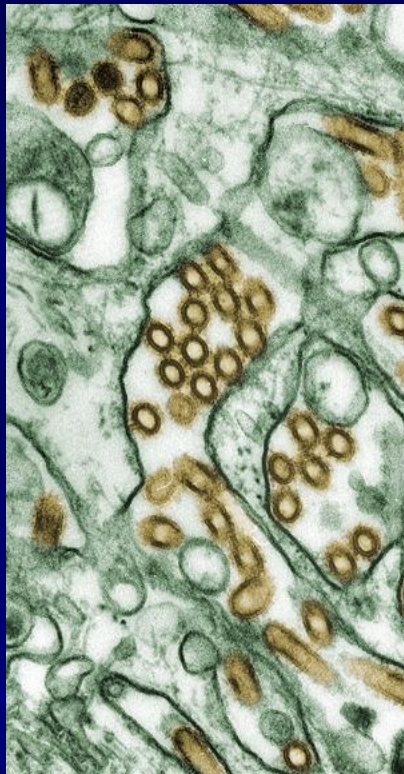
*Assumes 30% illness rate
and unmitigated pandemic
without interventions

Interventions* by Setting	Pandemic Severity Index		
	1	2 and 3	4 and 5
Home			
Voluntary isolation of ill at home (adults and children), combine with use of antiviral treatment as available and indicated	Recommend †§	Recommend †§	Recommend †§
Voluntary quarantine of household members in homes with ill persons †¶ (adults and children); consider combining with antiviral prophylaxis if effective, feasible, and quantities sufficient	Generally not recommended	Consider **	Recommend **
School			
Child social distancing			
-dismissal of students from schools and school based activities, and closure of child care programs	Generally not recommended	Consider: ≤4 weeks ††	Recommend: ≤12 weeks §§
-reduce out-of school social contacts and community mixing	Generally not recommended	Consider: ≤4 weeks ††	Recommend: ≤12 weeks §§
Workplace / Community			
Adult social distancing			
-decrease number of social contacts (e.g., encourage teleconferences, alternatives to face-to-face meetings)	Generally not recommended	Consider	Recommend
-increase distance between persons (e.g., reduce density in public transit, workplace)	Generally not recommended	Consider	Recommend
-modify, postpone, or cancel selected public gatherings to promote social distance (e.g., stadium events, theater performances)	Generally not recommended	Consider	Recommend
-modify work place schedules and practices (e.g., telework, staggered shifts)	Generally not recommended	Consider	Recommend

■ Issues and Challenges

- ✓ Monitoring uneven across globe
- ✓ “Epidemiology Turned Upside Down”
- ✓ Return in Spring, 2010 or thereafter
- ✓ Mutation of H5N1 (Avian) to include human-to-human transmission

- One Thing We Don't Want to See....



■ Scenarios: The National Level

- ✓ “The Barn and the Horse” ...
- ✓ Port of Entry inspections
- ✓ Isolation
- ✓ Quarantine
- ✓ Travel Restrictions

■ New Mexico: Moving From Category 1-5

- ✓ ...has the potential to result in large numbers of deaths (estimated between 20,000-25,000 deaths in New Mexico)
- ✓ ...is highly likely to produce large numbers of sick people that require care at the same time
- ✓ ...will likely last 8 – 17 weeks and will likely be followed by a series of Pandemic Influenza waves each also lasting weeks to months, continuing for up to two years after the initial outbreak

■ New Mexico Scenario, Continued

- ✓ Medical and public health surge may quickly overwhelm the system's resources resulting in scarcity of medicine, equipment, personnel, and other healthcare resources
- ✓ Additional surge may occur from outlying rural areas and the border areas of Mexico
- ✓ ...could overwhelming the system's mortuary resources, including morgue capacity, medical investigative and forensic personnel, and services available for disposition of bodies

■ New Mexico Scenario, Continued

- ✓ Widespread illness in the community will also increase the likelihood of sudden and significant workforce shortages in critical community services, such as: military personnel, law enforcement, firefighters, utility workers

NMDOH Emergency Operations Plan – **Appendix 2**
DRAFT: Pandemic Influenza Emergency Response
10 March 2006

■ As We Move From Category 1 To 5...

- ✓ Slight-to-moderate increase in absenteeism
- ✓ Expect 50% of “everyone” to be absent for an extended period of time
- ✓ Moderate-to-extreme difficulty in interacting with the health care system
- ✓ Possible sporadic-to-widespread disruptions to supply chains

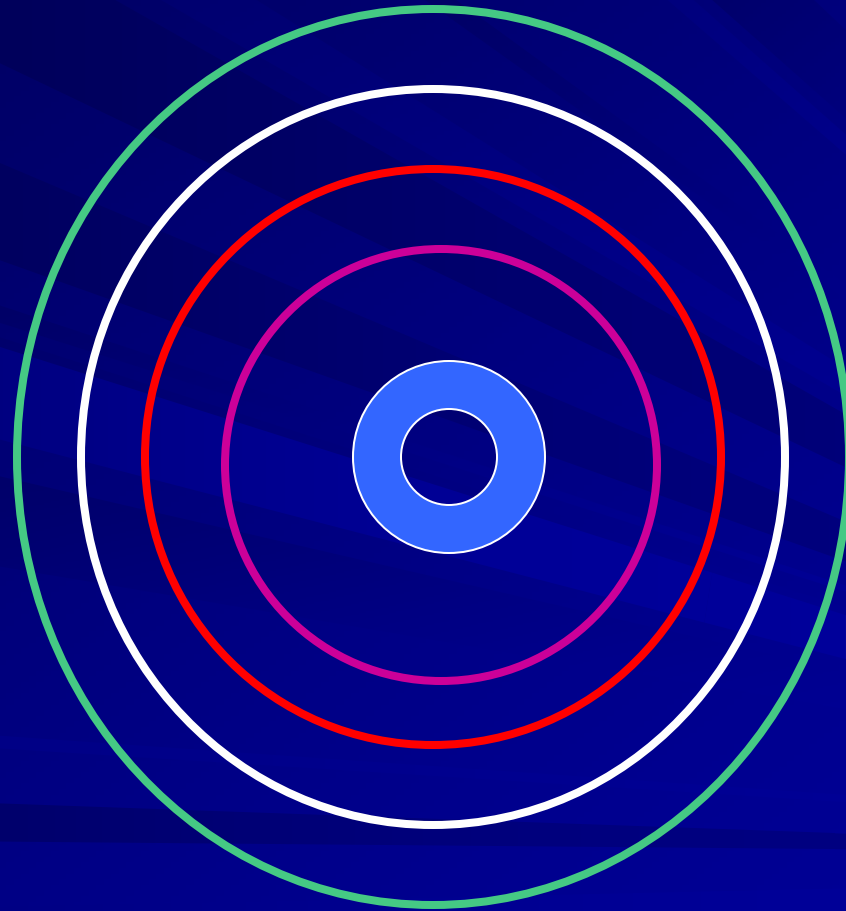
Responses: “All-Hazards” and Pandemic Influenza

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- **Shared Philosophy:
All Response is Local**



■ All Hazards Approach

- ✓ Cornerstone: moving people from one place to another
- ✓ Shelters, evacuation points, health care facilities, dispensing sites, morgues
- ✓ Major issues for people with disabilities

■ All Hazards, Continued

- ✓ Some or many supports that people use to sustain themselves independently (electricity, water, heat, food sources) will be difficult or impossible to obtain for a period of time.
- ✓ Some or many people will need to leave their homes to receive these services (shelters).
- ✓ Some or many people will need to receive health services, ranging from minor (cleaning up cuts and scrapes to avoid infection) to major (acute medical care).

■ Pandemic Influenza Approach

- ✓ Changes our approach
- ✓ Goal is not to move people but to keep them apart while preserving life
- ✓ Some interesting implications for agency-level planning

Agency Strategies

“It’s better to apologize afterwards than ask permission beforehand....”

Admiral Grace’s Dictum

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The Prepared Community

Phase Three:

**Tools for Community Health Councils
and Other Community-Based
Organizations To Provide Effective
Emergency Response to People With
Disabilities**



■ Agency Strategies: Getting People Ready



SET YOUR CLOCKS CHECK YOUR STOCKS

Your emergency preparedness stockpile: What you need to know

Emergencies — such as tornadoes, floods, storms, earthquakes or even disease outbreaks — can happen unexpectedly. You may be without electricity, refrigeration, clean tap water or phone service for days or weeks. In some cases, such as during a disease outbreak, you may be asked to stay home to keep safe. That's why having an emergency preparedness stockpile is important.



What should I put in my emergency preparedness stockpile?

All Americans should have at least a three-day supply of food and water stored in their homes, with at least one gallon of water per person per day. If you have the space, experts recommend a week's supply of food and water. Choose foods that don't require refrigeration and are not high in salt. Your stockpile should also contain flashlights, a manual can opener, a radio, batteries and copies of important documents. Depending on your family's needs, you may also need medical supplies, pet food, contact lens solution or diapers.



If it's too expensive for you to buy everything for your stockpile at once, pick up one or two items every time you go to the grocery store. Stock up on canned vegetables or batteries when there is a sale. Bulk "club" stores can also help you save money on your supplies, especially if you split a case with a friend, co-worker or neighbor, who can serve as your "preparedness buddy."



Once you've assembled your stockpile, put it where you won't be tempted to "borrow" from it the next time you run out of batteries or need beans for a recipe. Remember: Your stockpile is for emergencies!

How do I store my emergency preparedness stockpile?

Get Ready Stockpiling Tip

When it's time to change your clocks for daylight saving time, check your emergency preparedness stockpile. Replace anything that is expired or missing.

It's best to store your stockpile somewhere that is easy to access during an emergency. A cool, dark place is ideal. Be sure not to store your food close to any solvents or cleaners that can leak or transfer fumes, or in an area of the house that is at risk for flooding.

Keep your supplies together in a box or plastic bin that can be kept tightly closed to protect contents from humidity or pests. It's also handy to keep all your supplies together in case you have to evacuate quickly, such as during a hurricane. In a pinch, a laundry basket can make an easy storage container.

If you live in an apartment or small home and are short on space, be creative. Compact wrapping paper bins can be used to store canned food. Risers can make more space under the bed. Many people also have unused space behind or under the sofa. Have a dishwasher but don't use it? Make the most of the empty space by storing your supplies there!

- Stockpiling fact sheet
- Stockpiling fact sheet SPANISH
- Budget stockpiling fact sheet
- Pets stockpiling fact sheet
- Stockpiling checklist
- Stockpiling checklist SPANISH
- Grocery shopping list
- Stockpiling recipes
- For high school students -- Get Set: An Emergency Preparedness Project Kit

<http://www.getreadyforflu.org/clocksstocks/>

■ Resources for Personal Planning

72hours.org

<http://www.72hours.org/index.html>

PrepareNow.org

<http://www.preparenow.org/links.html>

American Red Cross “Be Prepared Campaign”

http://www.redcross.org/services/prepare/0,1082,0_239_,00.html

**Federal Emergency Management Agency “Are You Ready”
Campaign**

<http://www.fema.gov/areyouready/>

**National Organization on Disability “Prepare Yourself!”
Campaign**

<http://www.nod.org/index.cfm?fuseaction=page.viewPage&pageID=1430&nodeID=1&FeatureID=1625&redirected=1&CFID=12437936&CFTOKEN=96203152>

■ Resources, Continued

Emergency Planning For People Who Use Assistive Technology Devices Powered By Electricity or Batteries

<http://www.jik.com/techartV4.doc>

Tips for People With Mobility Limitations from Los Angeles County

<http://www.cert-la.com/ESP/ESP-Disabilities-Guide-2006.pdf>

American Red Cross “Be Prepared Campaign”

http://www.redcross.org/services/prepare/0,1082,0_239_,00.html

Emergency Preparedness at Home for People With Disabilities

<http://www.disabilitypreparedness.org/Emer%20Prep%20at%20home%20rev%206-07-06.pdf>

Disaster Preparedness for Persons with Mobility Impairments

www.nobodyleftbehind2.org/

■ Agency Strategies: Pan Flu-Specific Continuity of Operations Plans (COOP)

Goals

- ✓ Reduce transmission of the virus among employees and clients
- ✓ Minimize illness among employees and clients
- ✓ Maintain mission-critical operations and services
- ✓ Minimize the economic impact of a pandemic

■ COOP Goals. Continued

- ✓ Identifies essential functions and explains how they will be sustained during pandemics of varying intensity
- ✓ Identifies the essential personnel and the succession of leadership responsible for the department's functions
- ✓ Outlines procedures that explain how your agency will recover after the pandemic
- ✓ The plan must consider that pandemics may come in waves, lasting weeks, months or years

■ Pan Flu-Specific (COOP): Why?

- ✓ Planning tool to manage core functions in unforeseen events
- ✓ Forces you to think through issues ahead of time – while there IS time!
- ✓ Varies by agency size, locations, budget and infrastructure

■ Pan Flu-Specific (COOP): What

- ✓ Authority
- ✓ Essential Operations
- ✓ Essential Job Functions
- ✓ Vital Records
- ✓ Product And Service Providers
- ✓ Employee, Client and External Communication

■ Authority

- ✓ Staff at all agency locations with responsibility for client and/or administrative functions
- ✓ Identify individual staff that would take control if a manager becomes ill or incapacitated without contact
- ✓ Which individuals in your organization are authorized to make decisions to divert employees to essential services when absence rates threaten continuity of operations?
- ✓ Who has been delegated to monitor public health advisories and inform agency leadership?

■ Essential Operations

- ✓ What are the essential services/functions of your agency that must be maintained to assure the safety of clients, regardless of staffing limitations?
- ✓ What services or functions can be altered or discontinued on a temporary basis?

■ Operations, Continued

Service Priority #	Essential Service

■ Essential Job Functions

- ✓ What are critical staff numbers and skills required to keep essential sectors of the agency running
- ✓ What skill requirements exist for people performing these functions?
- ✓ What alternatives exist if they aren't available (alternate individuals, cross-training?)
- ✓ At what level do certain operations stop?
- ✓ What changes in staff will be needed for expanded or diminished demand of services?

■ Vital Records

- ✓ What records, databases or files are essential for your agency to continue to operate from alternate locations or to re-start operations?
- ✓ Where will they be located (alternate sites)?
- ✓ How will they be accessed (computer files)?

■ Product and Service Providers

- ✓ What services and products does your agency receive that are necessary to continue to provide services to clients?
- ✓ Think of the services and products that are received on a daily, weekly, and monthly basis.
- ✓ Remember to include maintenance contractors (e.g. copy machine), gasoline companies, etc.
- ✓ Develop an alternate plan in the event that delivery of these services and products become sporadic or are discontinued

■ Products and Services, Continued

Product/Service	Purpose	Usage (daily/monthly)	Required for Essential Services?	Provider Name	Frequency of Delivery	Existing Inventory	Quantity Required for 7-day Stockpile

■ Products and Services, Continued

PRODUCT / SERVICE PROVIDER	
Company Name:	
Address:	
Telephone:	
Fax:	
E-mail:	
Primary contact:	
Alternate contact:	
Account / contract:	
Materials provided:	
Frequency of delivery:	

■ Communication

- ✓ There may well be a high level of fear, anxiety, rumors, and misinformation during a pandemic
- ✓ Agency staff
- ✓ Clients
- ✓ External: families, relatives, friends
- ✓ Regularly sharing information is one way to reduce staff distress
- ✓ Develop strategies to ensure regular communication with these groups

■ Communication, Continued

- ✓ Face-to-face communication with one or more of these groups may become undesirable
- ✓ What alternative communication channels could your agency use?
- ✓ Telephone (telephone trees), web, fax, other

■ Resources

Behavioral Health Care – Pandemic Influenza Continuity of Operations Plan (COOP), Minnesota Department of Health

<http://www.health.state.mn.us/oep/responsesystems/bhcooptemplate.doc>

Instructions for Developing a Private Agency Developmental Disabilities Continuity of Operations Plan (COOP), State of Connecticut

http://www.ct.gov/dds/lib/dds/emergency/pandemic_flu_coop_instructions.pdf

Pandemic Influenza Continuity of Operations Guide & Template
SC Department of Health and Environmental Control

http://horrycounty.redcross.org/panflu/PICOOP_Guide.doc

■ Resources, Continued

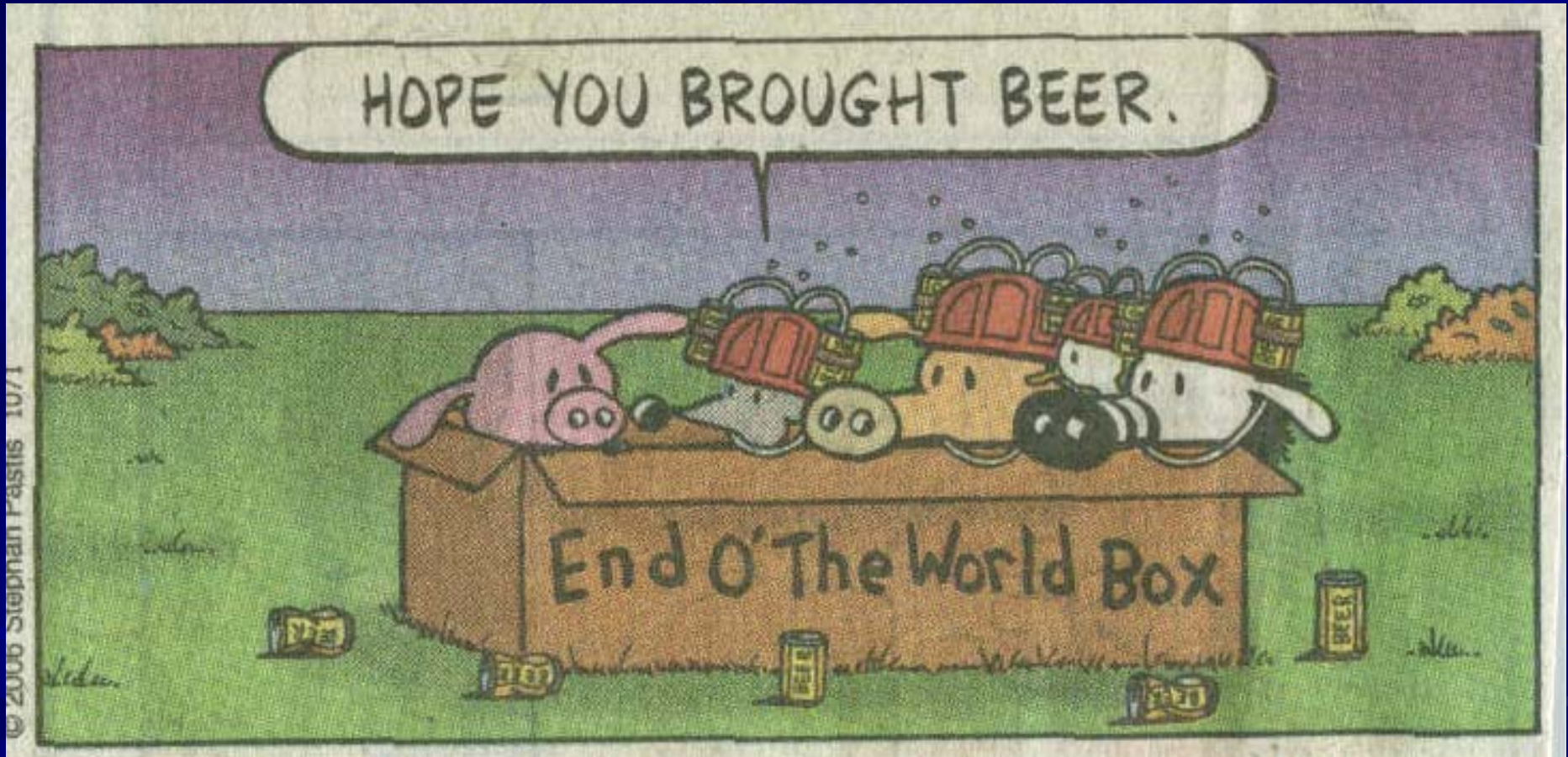
NAPA Valley, California Template for a COOP

<http://www.co.napa.ca.us/GOV/Departments/40000/Forms/SF%20COOP%20Guide%20&%20Template.pdf>

FEMA CONTINUITY OF OPERATIONS PLAN RESOURCE WEBSITE

<http://www.fema.gov/government/coop/index.shtm>

- An Alternative Approach!



■ “Small” Group Brainstorming

- ✓ Identify 3-5 greatest barriers to implementing a COOP in your agencies
- ✓ Identify possible strategies to mitigate those barriers
- ✓ Identify what types of resources would be useful: technical assistance, templates, information resources
- ✓ Report back
- ✓ Results will be compiled and sent back to you

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<http://cdd.unm.edu/DHPD/emerg.asp>

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