Kentucky Prepares

Pandemic Influenza Planning

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Integrating Levels of Response Plans

- **International**: WHO Pandemic Influenza Plan
- **National**: HHS Pandemic Influenza Plan (11/05)
- **State**: Kentucky’s Pandemic Influenza Plan (since 2003 and updated regularly)
- **Local**: local health departments, communities, and HRSA planning regions
- **Individual**: citizens’ and families’ plans
All-Hazards Approach to Planning in KY

- Pandemic plans are a subset of State/Local Public Health’s **Disaster Response and Recovery Plan**
- Flexible, yet comprehensive plans
- Plans must be exercised and updated, not left on a shelf
- Pandemic planning is the “ultimate plan”: if prepared for a **pandemic**, we can respond to any communicable disease threat
Planning Assumptions

• Pandemic is NOT preventable

• Universal susceptibility to novel virus

• Pandemic outbreak will last 6 - 8 weeks

• Multiple (2 – 3) pandemic waves are likely

• Clinical disease attack rate
  – up to 30% children (40%); adults (20%)
Planning Assumptions

- Half of those ill seek outpatient medical care

- Hospitalization/death rates up to 10-fold variation depending upon virulence of virus

- Demand for services will exceed supply, non-traditional interventions may be required
Possible Impact of Pandemic in KY*

• **Health**
  – Deaths: 3000 – 7000
  – Hospitalizations: 9,200 – 21,400
  – Outpatient visits: 455,000 – 1.06 million

• **Economic**
  – Infrastructure: Thousands at home either ill or caring for the ill
  – Agricultural: if pandemic strain is avian flu


Cabinet for Health and Family Services
Key Components of Pandemic Planning

• Surveillance systems
• Quarantine / isolation procedures
• Public health personnel (staff + training)
• Medical surge capacity (staff + equipment)
• Predetermined Priority Groups as antivirals drugs and/or vaccine becomes available
• Distribution systems (e.g. Strategic National Stockpile)
• Government / Business contingency plans
Pandemic Planning Committee

- From CHFS (28):
  - Director of Div. of Epi.
  - Preparedness Branch (9)
  - Communicable Dis. Br. (5)
  - Immunization Br. (3)
  - Lab (3)
  - CDC Epidemiologist
  - DPH Veterinarian
  - Vital Statistics (2)
  - Local Health Operations
  - Public Health Protection and Safety
  - Div. of Communications

- Other agencies (14):
  - Local Health Dept. (3)
  - KyEM (2)
  - KOHS
  - UK
  - UL
  - Lexington MMRS
  - Louisville MMRS
  - Northern KY MMRS
  - US Army (Fort Campbell)
  - Justice Cabinet
  - State Representative
DPH Flu Surveillance Activities

• Kentucky state statutes require reporting of communicable diseases to DPH
  – Reports are analyzed by regional epidemiologists and by local “Epidemiology Rapid Response Team” members

• Participation in the “122 Cities Influenza and Pneumonia Mortality System”

• Participation during flu season in the “State and Territorial Epidemiologists Report”
DPH Flu Surveillance Activities

• Each week, 11 Kentucky “Sentinel physicians” and 20 local sentinel health departments report influenza-like illnesses to DPH and we report to CDC

• DPH Lab is one of 75 “WHO Collaborating Laboratory Surveillance” facilities
Kentucky’s Strengths

• Long tradition of collaboration across a tightly knit state: state/local and public/private health

• “Pop Quizzes” test our response plans: West Nile virus, anthrax threats, SARS, tornados, chemical spills, Katrina, etc…

• Innovations in Public Health Information technology: telehealth, Health Alert Network, and e-Health Board

• Strategic National Stockpile plan
  (CDC telecast 4/05)
Collaborative Planning Partners

- State and Local Public Health
- Private Healthcare professionals (hospitals, physicians, pharmacist, EMS, etc.)
- Kentucky Emergency Management (state/local)
- Kentucky Department of Agriculture
- Kentucky Office of Homeland Security
- Kentucky Law Enforcement (Justice Cabinet)
- Government Officials (state/local)
- Kentucky National Guard (41st Civil Support Team)
Bioterrorism Advisory Committee

- State/Local Public Health
- Hospitals
- Physicians
- Academic Medical Centers
- KY EMS
- Kentucky Veterinary Medical Association
- Dept. of Agriculture
- KyEM
- KY Office of Homeland Security
- American Red Cross
- Primary Care Association
- Office of Rural Health
- KY Community Crisis Response Board
- Dept. for Local Government
- Office of Aging
- KY Labor Cabinet
- Natural Resources and Environmental Protection Cabinet
- Kentucky Fire Commission
- VA and Fort Knox
- MMRS Regions
- HRSA Advisory Committee
Challenges

• Some decisions cannot be made until the science (epidemiology) of the actual pandemic unfolds

• Unknown if antiviral drugs will be effective

• Likely limited availability of effective vaccine early in pandemic; priority groups a necessity

• Surge capacity limited; must depend on routine public health interventions, for example…
Challenges

• “Social Distancing”
  – sheltering at home - a “snow day” concept, telecommuting to work/school

• Successful response requires plans that work---plans must be tested and updated regularly
Lessons Learned from Recent Events

- Public may not prepare even if repeatedly warned
- Real disasters may be worse than expected
- Outside help may be delayed in coming
- Concerns over health and safety of their family will affect responders
- Communications and logistics are critical success factors
- Impact may be both medical and economic
How every Kentuckian can prepare . . .

Advice for both seasonal and pandemic influenza

- Develop an “all hazards” emergency preparedness family plan
- Get a flu shot each fall
- Wash hands frequently
- Cough / sneeze into tissue or elbows
- Avoid crowds during outbreaks
- If sick stay home from work / school
A Pandemic Effect on Kentuckians

- Goal: prevent illness and death, and preserve critical community infrastructures
- Mother Nature does not “aim”; all are at risk
- The public/private health care system cannot protect us from a pandemic
- We must respect the potential impact a Pandemic poses to all parts of society
- Therefore all sectors must participate in planning, exercising, and responding

Cabinet for Health and Family Services
Closing Thoughts

- A pandemic does not appear imminent at this time
- Do not panic, but do get prepared
- Another pandemic will occur, we just don’t know when
- A prepared community is stronger
- Next step: engage with your local health department to hold a community wide summit to address these issues