GUEST COMMENTARY

Getting your EOC ready for pandemic flu

By Tom Russo, emergency preparedness planner, Region 6, South Carolina Department of Health & Environmental Control

If you haven't done so already, now is the perfect time to call on public health to brief your local emergency operations center partners on the likely impact of an influenza pandemic on emergency operations. Such a public health emergency will affect every emergency support function, so now is not too soon to assess flu's impact while also instigating community-wide planning.

Public health will be the lead agency in an influenza pandemic and just as the National Hurricane Center serves as the technical resource on tropical storms for local and state emergency management authorities, the Centers for Disease Control & Prevention will serve as the technical resource for public health. As a result, it's essential that public health integrate its pandemic flu plan with county and municipal government and ready its partners for not only the impact, but also how public health will communicate with emergency operations.

The briefing

What should be included in such a briefing for a county or municipal EOC? Here are three bullet points EOC staff should suggest to their public health partners:

- Distinguish between everyday seasonal flu and a pandemic flu.
- Clarify avian flu's role as the likely next agent of pandemic flu.
- Discuss how an influenza pandemic will impact emergency operations.

Public health employs infectious disease medical consultants who are at the top of their game and know what your partners need to know. Ask them to brief the audience on this year's influenza and contrast it to avian flu, the bug that has everyone's attention. That discussion leads to pandemic flu and should bring out the reasons why so many medical authorities believe it's inevitable. Related topics might include how such an event would be managed in terms of vaccines, anti-virals, isolation and quarantine.

A briefing must include an analysis using CDC's FluSurge model to convey the impact of influenza on a local population. FluSurge uses your local population estimates broken out by three age groups (0–17, 18–64 and 65 and up), plus hospital bed capacity and the number of ventilators. This data plugs into FluSurge, which then calculates the impact measured in attack rates (the number of people who will likely get flu), the number of hospitalizations and the number of deaths.

The FluSurge model also underscores surge capacity limitations for a given community and encourages discussions about hospital preparedness plans.

Critical questions

At this point, the message will come home to your EOC about the impact that pandemic flu would have on emergency operations. It will raise important questions that you may wish to prepare in advance in cooperation with the emergency management director. The questions that follow serve as a starting point; you'll find that the discussion will raise many more.

Will the EOC activate and at what level? Consider that a pandemic will be a protracted event, easily a number of months, so the EOC must pace itself. A conservative approach to activation will spare resources, but maintain focus on the pandemic response.

What security will be needed and/or expected by hospitals? Hospitals will serve as treatment centers, treat the most critical influenza cases and have access to critical, limited medications, including both vaccine and anti-virals. Security will be critical for hospitals and will serve as backup to the internal security forces typically provided by hospitals.

How will hospitals cope with an ongoing mass-casualty situation? Through the Health Resources and Services Administration's Hospital Bioterrorism Preparedness Program, hospitals have been working to enhance surge capacity, or how to add bed capacity at a time when beds have been cut to only those that are consistently needed. Hospitals have looked at off-site facilities, as well as adding stretchers to accommodate mass-casualty scenarios. An influenza pandemic will indeed activate hospital plans for surge capacity.

What security will be needed at flu clinics and mass-dispensing centers? The flu vaccine shortages of 2004, accompanied by mass flu vaccination clinics of 2004, portrayed scenes that will become typical of that which public safety can expect during an influenza pandemic. Traffic control and crowd control will become rather routine assignments throughout the influenza event.

Plans for activating the Strategic National Stockpile include PODS or points of dispensing. PODS are the mass dispensing sites, and an influenza pandemic will activate those SNS plans along with local, state and federal pandemic influenza plans.

How will an influenza pandemic affect the delivery of public services? Based on historical data, the most likely illness rate among a local population would be 15–35%, with a comparable rate among public employees. It will be

essential to maintain critical infrastructure services, so staffing plans will need to address significant absenteeism throughout the event. Business impact analysis studies will help jurisdictions identify essential functions and plan accordingly.

What role will public information play? Given today's timeline for bringing vaccine and a reservoir of anti-virals online, information may be the only resource that will be plentiful. Information will be dispensed frequently, but a concerted effort by public information officers will be needed in order to coordinate and deliver a single message.

It's essential that public health PIOs begin to talk with county, municipality and hospital PIOs. Risk communication and information campaigns are being written now along with companion educational materials.

How will a flu pandemic affect the local economy? The results of a survey by the Deloitte Center for Health Solutions released last December revealed that two-thirds of major corporations are unprepared for an influenza pandemic.

Business continuity and contingency plans will consider how best to manage the workforce while keeping the wheels of business turning. Telecommuting will take on a greater role, but the challenge to the business community is not unlike the challenge it took on to neutralize the Y2K bug, making the turn of the century on Jan. 1, 2000, into a non-event.

Each of these questions will be a study in and of itself, but each also represents a few essential considerations. You can quickly see that each question addresses the role of an EOC discipline such as emergency management, hospitals, law enforcement, public works, public information and even your chamber of commerce.

The irony is that while American ingenuity and technology, the commitment of human and financial resources, and the spirit of cooperation neutralized the Y2K bug, we have yet to see a campaign mounted at the same level of fervor to battle a biological bug that would have far more grave consequences in terms of suffering, lives lost and economic hardship.

For Y2K, time was finite and therefore resources were marshaled to beat the clock. This bug is different. We don't know when or how, but we do know that when it strikes, it will be rapid, permitting little time for continuity planning.

Emergency response agencies best understand how such an event can cripple a community, so they bear the responsibility to carry this message to community leaders — *now.* HPP

Tom Russo is the emergency preparedness planner for Region 6 of the South Carolina Department of Health & Environmental Control, where he works closely with first responders and area hospitals to coordinate the Health Resources and Service Administration's National Bioterrorism Hospital Preparedness Program. He has a master's degree in education and more than 25 years of strategic planning, project management and professional development experience, 10 of which have been with public health.

CONFERENCE REPORT

27th annual International Disaster Management Conference

Assemble more than 400 people from hospitals, EMS, fire, police, public health, emergency management, local, state, and federal government, the military, and the private sector. Bring in a series of knowledgeable and admirably direct speakers comprising substantial depth of experience and breadth of content, and mix well.

The result was the 27th (and one of the best) annual disaster conference (aka Disaster '06, held Feb. 9–12 in Orlando) from the Florida Emergency Medicine Foundation's Emergency Medicine Learning & Resource Center (EMLRC) <www.emlrc.org>.

As it has done every year, the conference provided general sessions of broad interest, interspersed with breakout sessions in several disciplines; this year's included response, planning, hazmat, nursing, disaster medicine and public health. Highlights included:

Response to the 2005 London transit bombings, demonstrating that incident management necessities are international (functional command and control organizations, including effective resource management and public information functions).

Perspectives on response to Hurricane Katrina from local hospitals, EMS and the Coast Guard, emphasizing the importance of shelter/mass-care supplies (even relative to medical supplies) and preparedness for extended facility isolation.

Provocative presentations on disaster medicine and physician training, decrying the recent and current federal focus on WMD in lieu of both natural disasters and the most common type of terrorism, bullets and explosives (which, to be fair, originated not only before 9-11, but before the current administration).

Reinforcement of critical but often-overlooked incident management principles, such as the importance of an implemented employee and family welfare function during disasters and other events that put responders or their families in potential jeopardy, the need to maximize use of daylight in extended operations (for example by conducting briefings in off-hours and having crews ready to deploy at first light), and the absolute necessity of effective support functions (Logistics, Planning) within an Incident Command organization.

The conference itself was well run (never a small feat), a reflection on the EMLRC staff. An uninspired and uninspiring DHS address and abnormally cool Orlando weather notwithstanding, attendees agreed that they'd gotten their money's worth and then some. Circle your calendars for Disaster '07: February 8–11, 2007.

— Jeff Rubin, PH.D., emergency manager, Tualatin Valley Fire & Rescue, Aloha, Ore.