

Pandemic Preparedness: Advance Planning Is Mandatory

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A pandemic influenza outbreak can be mitigated with the proper planning and preparedness activities. However, jurisdictions must work well in advance of a threat to write and exercise plans. *Lessons Learned Information Sharing* has compiled and maintains numerous documents, plans, templates, and useful examples of successful preparedness activities that can help emergency planners and public health officials prepare and plan for the next pandemic threat.

From late 2006 through early 2007, the Office of Public Health of the Louisiana Department of Health and Hospitals carried out a series of tabletop exercises throughout the state. The exercises were designed to help regional partners discuss a pandemic influenza response and to determine, among other things, the optimum division of responsibilities as well as anticipated shortcomings, challenges, and overall expectations.

In one Louisiana region, exercise participants recognized that they had no regional continuity-of-operations plan in place. Such plans are considered essential to developing an effective response to a pandemic outbreak, because employees with response duties assigned to them may well be among those who become sick and/or are otherwise unable to work. To develop the plan needed, the region's leaders agreed to work with the state's Office of Public Health to determine which public health programs, departments, and positions would be most essential to the development and carrying out of a successful response. When that task is completed the region will develop a plan for keeping those specific programs running. Included in the plan, of course, will be the cross-training of employees in essential positions well *before* the onset of an actual pandemic threat.

Participants in another region focused, during the same statewide tabletop exercises, on issues related to the designation and use of alternate care sites. One problem identified was that no single group had clear guidance on what agency would be responsible for establishing and operating such sites. Public health officials in the region apparently had assumed that local hospitals would have that responsibility because the alternate care sites serve to alleviate overcrowding at hospitals. However, hospital officials believed that the alternate-care sites would be the responsibility of public health agencies because the hospitals would need the surge capacity themselves to support staff members and augment supplies at the main hospital. The two groups agreed to discuss the issue in greater detail and to develop clearer guidance well in advance of a future pandemic surge.

The SNS, Legal Complications And the Missouri Compromise

The 2009 H1N1 influenza outbreak – officially classified by the World Health Organization (WHO) as a “global pandemic” – put previously developed preparedness plans to a real-life test, and many jurisdictions had to react very quickly to address issues previously overlooked. In April 2009, the U.S. Centers for Disease Control and Prevention (CDC) reported that a number of H1N1 cases had been confirmed in several states; by late May, the CDC announced the release of some antiviral drugs and PPE (personal protective equipment) gear from the Strategic National Stockpile (SNS) to help individual states respond to the outbreak.

In Missouri, the state Department of Health and Senior Services immediately activated its SNS plan and opened three regional distribution centers as well as one “receipt, store, and stage” site. Within just a few days, the department was prepared to distribute, throughout the state, the supplies received from the CDC. However, Missouri law requires that all distributors of wholesale prescription drugs be licensed by the Missouri Board of Pharmacy – a detail that had been overlooked in the SNS plan. Because local public health agencies were distributing and transporting the antiviral drugs, each local-level employee involved in the SNS plan would need a pharmaceutical license.

To address that issue – without further delaying medication distribution – the SNS plan manager contacted the Missouri Board of Pharmacy and obtained temporary one-year licenses for all local public health agency distributors. That action allowed the medications to be distributed throughout the state without any legal problems being incurred. (In addition, the department and board have agreed to work more closely together prior to the next SNS release to secure the proper licenses in the future.)

To briefly summarize: The key to an effective response to a pandemic is advance planning. Jurisdictions must therefore be prepared, well ahead of time, with solid, tested, and thorough plans before the threat of a pandemic evolves into reality. Some problems can be overcome quickly *during* a response but, as Missouri illustrated, other issues may stop and/or significantly delay response activities. For that reason alone, response plans must be exercised well in advance of their actual use, as was done in Louisiana, so that jurisdictions have the time that might be needed to correct and, if necessary, re-test and resolve any issues they encounter.

For more information on pandemic preparedness and plans, visit *Lessons Learned Information Sharing* at <http://www.llis.gov>.