

FOR IMMEDIATE RELEASE – SEPTEMBER 24, 2007

*Peer-Reviewed, Online Database
Showcases Local, County and State Pandemic Planning*

Downloadable Tools Can Help Communities Protect Citizens by Enhancing Their Own Plans

Washington, D.C.— Public health planners have a new tool to help them prepare for one of the most daunting public health emergencies: an influenza pandemic. PandemicPractices.org, launched today by the Center for Infectious Disease Research & Policy (CIDRAP) at the University of Minnesota and the Pew Center on the States (PCS), a division of The Pew Charitable Trusts, brings together more than 130 peer-reviewed promising practices from four countries, 22 states and 33 counties. Compiled as a resource to save communities and states time and resources, the database enables public health professionals to learn from each other and to build on their own pandemic plans.

“The federal government has a national plan in place for a flu epidemic. But that plan will be useless unless states and local communities are ready and able to handle a public health emergency on the ground,” said Jim O’Hara, managing director of Health and Human Services Policy at The Pew Charitable Trusts. “Communities across the country are facing the challenge of translating broad requirements into local action, often with limited resources. This database is an excellent tool to help public health officials inform their own pandemic planning and may save valuable time and resources that would be spent crafting strategies from scratch.”

Every winter, seasonal flu kills approximately 36,000 Americans and hospitalizes more than 200,000. Occasionally, a new flu virus emerges for which people have little or no immunity. Such a virus will spread worldwide, causing illnesses and deaths far beyond the impact of seasonal flu, in an event known as a pandemic. A severe flu pandemic will last longer, sicken more people, and cause more death and disruption than any other health crisis. In addition to the human toll, a flu pandemic will take a serious financial toll. One report predicts a range -- from a global cost of approximately \$330 billion in a mild pandemic scenario, to \$4.4 trillion worldwide under a 1918-like scenario.

Planning for a flu pandemic represents a challenge in public health. No one can predict the severity of the next pandemic, and there is a shortage of data from past pandemics to help guide planning. Despite the hard work of professionals across the public health community, America is unprepared for even a moderate pandemic. For example, the public health research and advocacy group Trust for America’s Health noted in its 2006 report card – supported in part by The Pew Charitable Trusts – that 25 states would run out of hospital beds within the first two weeks of a moderate flu pandemic.

"It is crucial that states, counties and cities continually enhance their preparedness for pandemic influenza," said Michael Osterholm, PhD, MPH, CIDRAP director. "This online database represents an important step by providing concrete, peer-reviewed materials to further public health preparedness."

PandemicPractices.org highlights approaches that communities across America have developed to address three key areas: altering standards of clinical care, communicating effectively about pandemic flu and delaying and diminishing the impact of a pandemic. Users can easily find practices applicable to their communities. The database can be searched by state or topic, as well as by area of special interest, such as materials translated into multiple languages, materials for vulnerable populations, or toolkits for schools.

Among other topics, promising practices in the database showcase how communities plan to:

- manage scarce resources during a pandemic,
- share core messages in multiple languages,

- safeguard vulnerable populations,
- provide medical care when hospitals and clinics are overwhelmed,
- teach people to care for ill family members at home, and
- engage schools to reduce the spread of illness.

"Communities across America are looking for information and resources to help them plan for a flu pandemic. This database will be a vital contribution to those efforts." said Isaac Weisfuse, MD, MPH, deputy commissioner, New York City Department of Health and Mental Hygiene, who served as an Advisory Committee member and reviewer on this project.

Planners can examine and download pandemic flu planning materials and use or adapt them to fit local needs. The database allows cities, counties, states, hospitals, clinics and community organizations to find materials that may enhance their pandemic preparedness. Even agencies whose work is included can benefit from the work of others. For example, communities that have developed strong risk communications practices can learn from their peers who have focused on expanding the health care workforce to meet the needs of an influx of patients.

"There are strong examples throughout the database of innovative practices developed in one part of the country that would be applicable elsewhere. Big cities can learn from rural towns, and this project highlights that," said Sue Urahn, managing director, the Pew Center on the States. "By sharing practices, we strengthen the likelihood that as a nation we will be able to effectively manage a public health crisis, while saving lives and protecting the viability of communities."

"North Carolina currently has a number of practices included in this database, yet I've already seen practices from other agencies that we can put to use," said Advisory Committee member Leah Devlin, DDS, MPH, division director and state health director, Division of Public Health, North Carolina. "Sharing the great work of our peers strengthens public health."

The practices in this project have all been peer-reviewed. Twenty-seven experts conducted reviews, including CIDRAP staff, a diverse group of national reviewers and a distinguished Advisory Committee composed of:

- **Jim Blumenstock**, MA, chief program officer, Public Health Practice, Association of State and Territorial Health Officials (ASTHO),
- **Ned Calonge**, MD, MPH, chief medical officer, Department of Public Health and Environment, CO,
- **Leah Devlin**, DDS, MPH, division director and state health director, Division of Public Health, NC,
- **Martin Fenstersheib**, MD, MPH, health officer, Santa Clara County, CA,
- **Michael Fraser**, PhD, former deputy executive director, National Association of County & City Health Officials (NACCHO),
- **Kathleen Gensheimer**, MD, MPH, Maine state epidemiologist,
- **Jerry Rhodes**, deputy director, Bureau for Public Health's Division of Threat Preparedness, WV,
- **Peter Shult**, PhD, director, Communicable Disease Division, Wisconsin State Laboratory of Hygiene,
- **Skip Skivington**, MBA, interim vice president of Supply Chain, Procurement & Supply, Kaiser Permanente,
- **Phyllis Tan**, M. Phil, staff analyst in risk communications, LA County Public Health,
- **Dorothy Frost Teeter**, MHA, chief of health operations, Public Health--Seattle & King County, WA, and
- **Isaac Weisfuse**, MD, MPH, deputy commissioner, New York City Department of Health and Mental Hygiene.

###

The Center for Infectious Disease Research & Policy's mission is to prevent illness and death from infectious diseases through epidemiologic research and the rapid translation of scientific information into real-world practical applications and solutions. Online at www.cidrap.umn.edu.

The Pew Center on the States (PCS), a division of The Pew Charitable Trusts, works to advance state policies that serve the public interest. PCS conducts highly credible research, brings together diverse perspectives, and analyzes states'

experiences to determine what works and what doesn't. We shine a spotlight on nonpartisan, pragmatic solutions for pressing and emerging problems affecting Americans. Online at www.pewcenteronthestates.org.