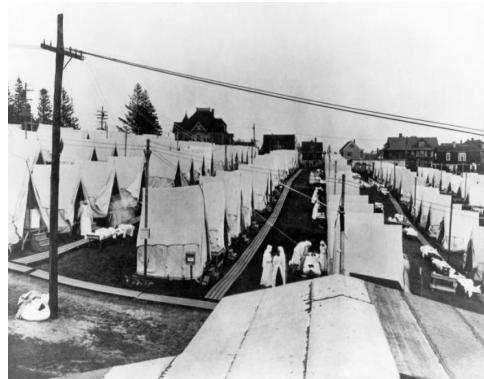


Donald Williamson, MD
 State Health Officer
 Alabama Department of Public Health

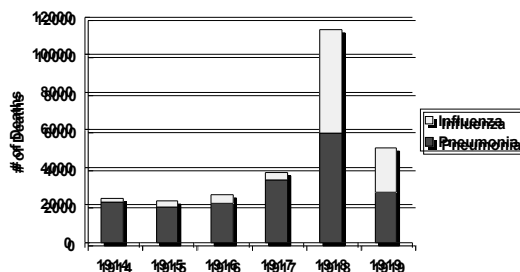


1918 – 1919 Pandemic in Alabama

- 9/28/1918 – first case reported in AL (Huntsville).
- 10/05/1918 – More than 1100 cases in Huntsville.
- 10/07/1918 – Governor issues proclamation calling for “closing of schools, churches, theatres & picture shows....”
- 10/13/1918 – 2367 cases @ Camp Sheridan (outside Montgomery).

- 10/13/1918 - All physicians, druggists and prescription clerks in Huntsville, except one, ill with influenza.
- 10/15/1918 - Huntsville: Business demoralized; Postal Service crippled; Alabama Power having difficulty finding employees; and Business ordered to curtail hours of operation.
- 10/22/1918 - 12,000 cases reported in Montgomery.

Alabama Influenza and Pneumonia Deaths 1914 - 1919



Federal Planning Assumptions

- Susceptibility
- Person-to-person transmission
- Clinical attack rate of 30% or higher
 - 40% among school-aged children
 - 20% among working adults
- Half of those ill will seek care
- Estimates of severity vary 10-fold
 - Plan for the more severe
 - Extremes of age, pregnancy, chronic conditions

Federal Planning Assumptions

- High rates of absenteeism - 40% (?)
 - Illness
 - Fear of infection
 - Care provision
 - Plus public health measures
 - School closures
 - Quarantining households
 - “Snow days”

Federal Planning Assumptions

- Incubation period of 2 days
- Shedding of virus
 - Typically 1 day before to 5 days after illness
 - Highest during first 2 days of illness
 - Children shed the most virus
- One infected persons infects 2 others
- Community outbreaks last 6-8 weeks
- Multiple waves of 2-3 months

Forecasted Impact of Pandemic Influenza

Characteristic	United States		Alabama	
	Moderate (1958/68-like)	Severe (1918-like)	Moderate (1958/68-like)	Severe (1918-like)
Illness	90 million (30%)	90 million (30%)	1.8 million (30%)	1.8 million (30%)
Outpatient medical care	45 million (50%)	45 million (50%)	900,000 (50%)	900,000 (50%)
Hospitalization	865,000	9,900,000	17,300	198,000
ICU care	128,750	1,485,000	2,575	29,700
Mechanical ventilation	64,875	745,500	1,298	14,910
Deaths	209,000	1,903,000	4,180	38,060

Interventions

- Plan
- Communicate
- Expand care capacity
- Treat and provide prophylaxis
- Vaccinate
- Exposure avoidance

Plan

- Today’s summit
- Federal “checklists”
 - See www.pandemicflu.gov
 - Business
 - State and local planning
 - Individuals and families
 - Community and faith-based organizations
 - Education

Communicate

- Printed messages
 - Flu and You
 - Germ Stopper
 - Cover your Cough
- Video satellite communications
 - Downlink capabilities in all hospitals, county health departments, and county extension offices
- Health alert network
- 800 MHz radio system with hospitals and health departments

Expand Care Capacity

- Extra hospital beds
 - 7000 beds are available
 - 3000 are staffed
 - 4000 require supplies and staff
 - ADPH has 600 medical cots
- Negative-pressure rooms
 - Hospitals - total of 608 rooms
 - Community health centers - 77 portable isolation equipment

Laboratory Testing

- Year-round testing for influenza
- Upgraded laboratory testing facilities

Auxiliary Work Force

- Recruited and trained primarily for the Strategic National Stockpile
- 1000 pharmacists
- 300 nurses
- 350 social workers

Drugs to Treat or Prophylax

- Two classes
 - Drugs like Tamiflu®
 - Thought to be effective against avian influenza
 - Somewhat limited supply
 - Drugs like Symmetrel®
 - Somewhat more available
 - Not currently recommended for avian influenza
 - BUT might be active against the pandemic strain
- Important for states to be able to purchase at federal, reduced prices

HHS Antiviral Drug Priority Groups

- Patients admitted to hospital
- Healthcare workers with direct patient contact
- High-risk outpatients
- Pandemic health responders
- Increased-risk outpatients
- Outbreak responders in nursing homes
- Healthcare workers in special units
- Pandemic societal responders
- Other outpatients
- Highest-risk outpatients
- Other healthcare workers with direct patient contact

Tamiflu® in Alabama

- Already have 4400 5-day packages for hospital workers
- Federal government offer to purchase and stockpile
 - 44 million doses paid by federal government
 - 37 million doses, _ paid by state
- Request of conditional state appropriation of \$22 million for Tamiflu® or antivirals

Vaccinate

- Availability of vaccine will lag behind the pandemic
 - 6 months into pandemic before vaccine available
 - Dosing uncertain
- Priority groups established by HHS

Challenges of Limited Supply

- Initial supplies will be limited
 - Not enough for all who would benefit
- How to prioritize vaccine & drugs
 - Effective communication to the public
 - Differences of opinion about the order of priority

Exposure Avoidance

- Isolation
- Masks
- Respiratory hygiene/cough etiquette
- Wash hands
- Increase “social distance”

Isolation

- Sick persons should minimize their exposure to others.
- Institutionalized sick persons should be isolated or grouped separately.
- Coughing patients should be masked.

Masks

- Healthcare workers
 - Surgical or higher mask (N-95) for personnel in close contact (within 3 feet) of person with signs of influenza
- Coughing patients
- Coughing citizens - ?
 - Probably when in public
- Well citizens - ?
 - Probably depending on the extent of illness

Masks

- ADPH has purchased
 - 400,000 N-95 masks for healthcare workers
 - 130,000 N-95 masks for community health centers
- ADPH is planning to purchase surgical masks for general public

Respiratory Hygiene/Cough Etiquette

- Cover nose and mouth when coughing or sneezing.
 - Use tissues and dispose of properly
 - Do not use hands
- Wash hands.
 - Soap and water
 - Alcohol-based hand rub
- ADPH is planning to purchase waterless hand cleansers for the public.

Increase Social Distance

- Quarantine exposed persons
- Close (?)
 - Schools
 - Group gatherings
 - Sporting events
 - Churches
 - Shopping malls
 - Office buildings
 - Public transportation