

## Planning For a Pandemic

Three influenza pandemics have raced across the globe in the 20th century, and in each instance, about 30 percent of the world population was impacted, resulting in millions of deaths. When the U.S. Congressional Budget Office<sup>1</sup> used this historical data to project a potential modern pandemic, it predicted a massive impact on the economy and up to two million deaths nationwide.

Federal officials have been working diligently to increase the nation's level of preparedness as a result of a new influenza strain labeled H5N1. Since 2003, a number of cases of this new strain have been reported in Azerbaijan, Cambodia, China, Vietnam, Thailand, Turkey, and other countries. Most cases are believed to have originated from close contact with infected poultry. No sustained infec-

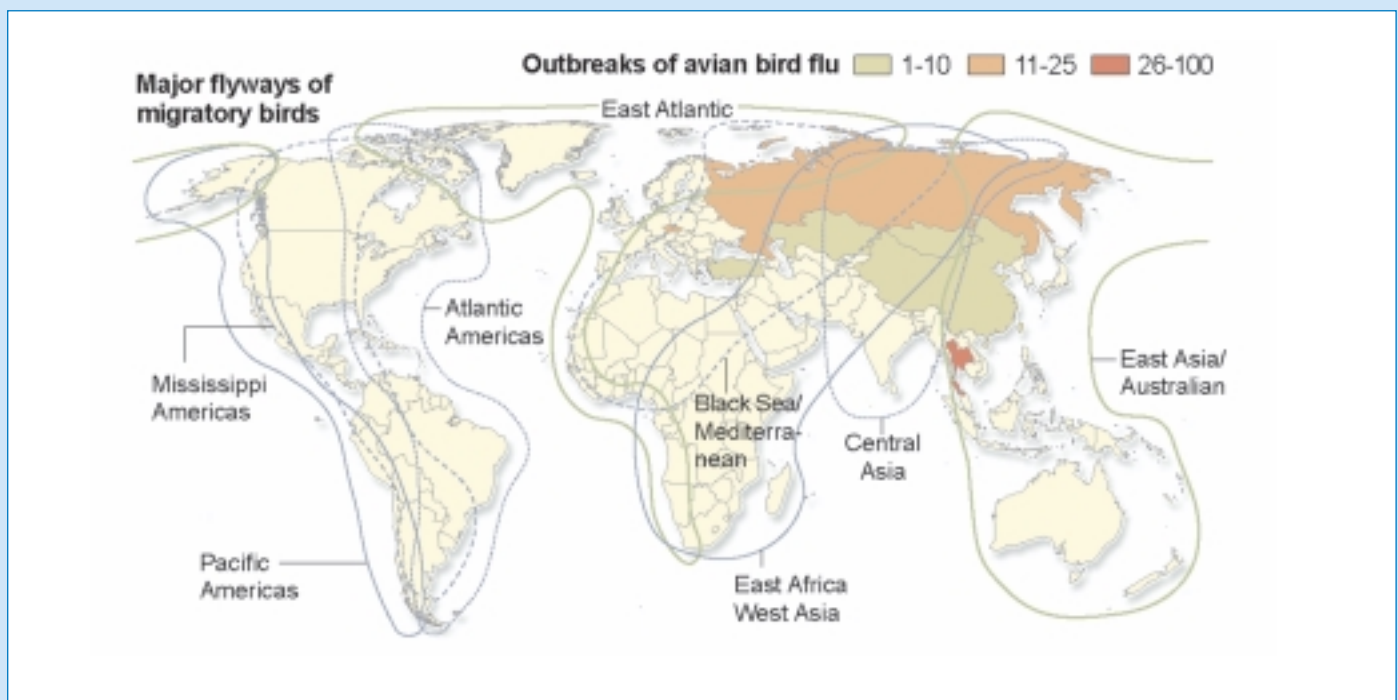
tious human-to-human transmission of the H5N1 virus has been reported to date.

The White House has been very active over the last 12 months, releasing a National Strategy in late 2005 and an Implementation Plan for that strategy in the spring of 2006. Three clear messages have emerged from this recent attention to a pandemic threat.

First, the single most effective way to reduce the impact of a pandemic event is to plan for it well, years in advance. Second, the federal government has a limited role, focused primarily on detecting pandemic threats globally and then

<sup>1</sup> *A Potential Influenza Pandemic: Possible Macroeconomic Effects and Policy Issues.* Congressional Budget Office, December 8, 2005.

### Monitoring the Spread of Avian Bird Flu



preventing them from reaching the United States. Third, once a pandemic outbreak has begun in the United States, the real “heavy lifting” will take place at the community and individual level, with local institutions—including the business sector—shouldering most of the work.

Most experts consider a pandemic event, either from a naturally occurring influenza or a bio-terrorism attack, as inevitable. Planning for such an event is critical, not as an intellectual exercise, but as an essential tool to create and test the resources and procedures that will be deployed to reduce the economic and human health impacts.

In the more than two decades that ICF International has been helping clients plan for and recover from emergencies, one of the critical lessons learned is that the *planning process* is the largest single determinant of successful implementation.

There are, obviously, other key factors as well, but few carry the same impact as the manner in which planners approach the planning process itself.



Pandemic events are clearly different from other disasters. One of the biggest pitfalls facing state, local, and public, as well as private sector planners, is a reliance on existing emergency plans, assuming that they will be sufficient. In most cases, they will not be (see the accompanying article on the unique aspects of events such as a pandemic influenza).

“It is very popular in the emergency planning community to talk about ‘all-hazards’ planning,” said Anita Tallarico, a senior vice president at ICF and a veteran of emergency planning, “and there are some tremendous advantages when looking at hazards in a comprehensive way. But organizations simply cannot add on a ‘pandemic annex’ to an existing plan and expect it to work. It won’t.”

Here are just a few of the numerous reasons why this type of planning won’t work.

Our clients walk away from these training exercises saying, “You know what? This could happen, and if it does happen, we are just completely unprepared for it, and we have got to do a better job of organizing our communities, and the public and private sectors to deal with this kind of a catastrophe.”

## A Tendency to Rely Too Much on a “Higher Authority.”

At some point, most local emergency plans include appeals to the state, and most state plans include calls on federal authorities for relief when demand exceeds capacity. A key and unique assumption in a good pandemic plan is that everyone, everywhere, will be facing a similar challenge. Unlike other emergency plans, a good pandemic influenza plan will not rely on a “higher authority” when the situation gets dire, but will make the maximum and innovative use of all local assets.

## Insufficient Detail Regarding Key Elements of the Plan.

The level of detail should encompass names and contact information of those who will need to “pull the trigger” on key decisions, as well as their backups. Other details should answer:

**When will a family, neighborhood, town, or city be placed under quarantine?**

- Who will make the determination?
- Upon what criteria will the decision be made?
- Who will enforce the quarantine?

**How will local authorities handle massive numbers of casualties?**

- What plans exist for identifying and handling large numbers of fatalities?
- Have adequate, reserve supplies for a large number of casualties (such as body bags) been ordered and provisioned?
- Have potential sites for mass graves been identified?

**Assuming federal officials can develop a vaccine, who will receive it?**

Keep in mind that every pandemic outbreak will require a new and specific vaccine that must be mass produced and then distributed.

- Who makes that determination?

- Where will the vaccine be made available?
- Who will enforce order at the distribution location(s)?

The federal government is just beginning to set guidelines for critical details that communities will need to successfully respond to a pandemic crisis.

**In advance of the crisis, the following questions must be answered:**

- What types of face masks are needed, where are they stockpiled, and who receives them?
- What are the guidelines for “social isolation,” coughing etiquette, and public gatherings?
- What responsibilities do local businesses have to take care of their employees, and who will review their pandemic event response plans?

### Insufficient Practice of Plan Execution.

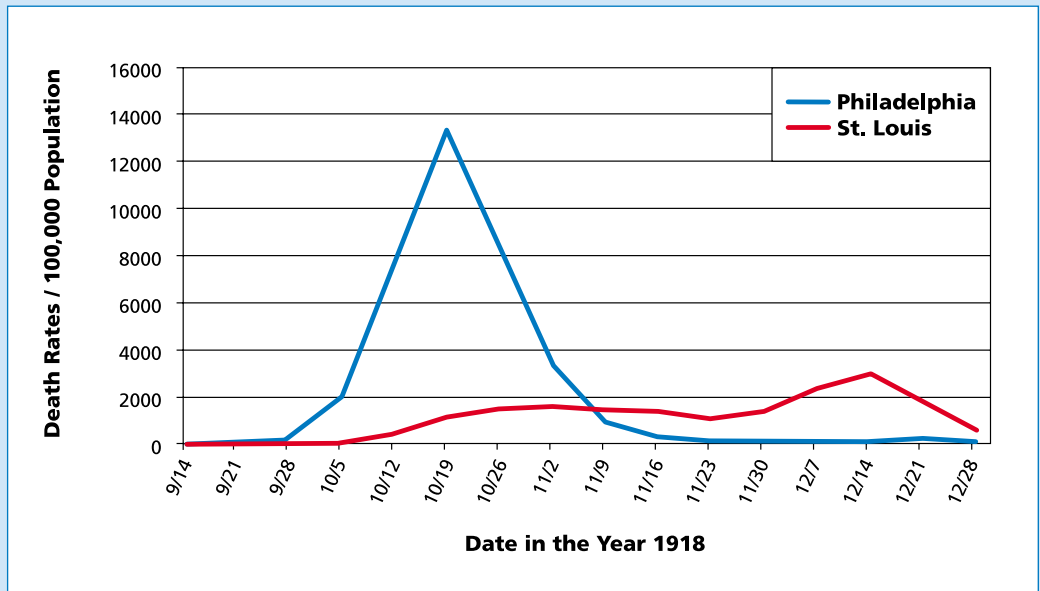
In every instance in which ICF has helped clients with implementation drills (even at the tabletop level), major gaps and shortcomings become apparent. In the case of a pandemic influenza, these “gaps” could contribute to additional infections and a sharp rise in mortality rates.

“Every plan must call for regular training, regular exercises, and regular refreshing and updating,” said Mike Armstrong, an ICF vice president. “Otherwise it becomes what we call ‘shelf art,’ and that kind of a plan will prove costly in human lives.”

The challenge, according to a cross section of experts within ICF, is that many public officials and emergency response planners believe they have a sufficient plan in part because so much effort went into developing it and because

### 1918 Death Rates: Philadelphia and St. Louis

The results of a good plan and decisive actions are reflected clearly in this comparison of mortality rates in Philadelphia, Pennsylvania, and St. Louis, Missouri. The dramatic reductions in deaths were achieved by closing schools, curtailing public gatherings, and instituting a series of other simple, but effective techniques.



they have already completed mock-disaster exercises. But in the cases in which ICF has worked with state and local agencies on pandemic threat planning, they have discovered that isn't always the case and the attitude has changed.

### Insufficient Experience on Key Elements of the Plan.

Officials need to be able to respond to such questions as:

**Will local public health officials be able to detect the early signs of a pandemic disease?**

This issue is critical since no one can predict where or when it will begin once it hits the United States.

- What is the surveillance plan for the local public health community?
- With different cases popping up in a region or county, will medical professionals be able to identify the pattern soon enough?
- Who is responsible for pandemic threat monitoring?

# Perspectives™

- Who will make the “pandemic event” determination and after how many cases?

“Our clients walk away from these training exercises saying, ‘You know what? This could happen, and if it does happen, we are just completely unprepared for it, and we have got to do a better job of organizing our communities and the public and private sectors to deal with this kind of a catastrophe,’” said Bob Blitzer, an ICF vice president and expert in emergency preparedness.

## Insufficient Collaboration With Key Stakeholders in the Community.

One of the essential steps in an effective planning process is getting more people around the table in the early stages. One of ICF’s strengths has been the way the firm identi-

fies the key players who should be at the table, brings them together, and then facilitates the collaborative process of creating a plan or a practice drill. However, one key player that is often missing is a representative from the public health sector.

“Public health is not always invited to the table,” said Tallarico. “They’re often a forgotten agency, but they’re not alone; representatives from the human services sector also are often missing along with business leaders, and these groups will be pivotal players when we are hit with the next pandemic outbreak.”

For more information on how ICF can help your organization prepare for a pandemic threat, contact [info@icfi.com](mailto:info@icfi.com) or 1.703.934.3603, or visit [icfi.com/pandemic](http://icfi.com/pandemic).