

Pandemic Flu: Ready or not...

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Lane County Public Health officials were "stunned" recently when a contagious man with measles went out on the town after he said he would stay put in his apartment.

County officials said they "had no reason" to think a young man might not curtail his active social life. They "take people at their word."

But what if the infection next time is an epidemic of bird flu that sweeps around the world - a pandemic?

Pandemic flu could be Oregon's Hurricane Katrina. Oregon's spending on public health, at \$9 per resident, is less than that of 42 other states - 10 percent below even Mississippi, the next higher state in rankings.

Medical experts agree that the world is overdue for an influenza pandemic, and it could be like the deadly Spanish Flu of 1918. A century ago, a flu strain that originated in birds jumped to humans, killing 50 million to 100 million people in a world with a much smaller population.

In 1918, 2 percent of the infected population died. Scientists hope that if the current H5N1 strain of avian flu or another gains the ability to pass easily from one human to another it will be no more deadly than the horrible flu of 1918, perhaps much less so. Of course, it also could be more deadly.

Bird flu hasn't been much in the news lately. It just can't compete with Paris Hilton for headlines. Meanwhile, the risk is still there and growing. Are our local governments doing enough? Do they have the resources they need to help protect us?

Last September, Lane County held a Pandemic Illness Summit attended by 125 community leaders. In November, a statewide planning exercise took place - PandOrA (Pandemic Oregon Activity). In February, the Centers for Disease Control and Prevention in Atlanta issued detailed

guidance for how to limit pandemic flu when it hits. The Oregon Department of Education engaged in a three-hour "table top exercise" in May.

Somehow, California found the money to buy 21,000 fully equipped hospital beds, 2,500 ventilators, and 50,000 masks for health workers. Seattle has trained community organizations to stockpile equipment. King County, Wash., has put 13 successive drafts of its pandemic flu plan on the Web for evaluation, refinement and action. The county plans to close schools and child care centers and move aggressively to limit infections.

What about local planning?

Local officials have been slow to make their plans for a bird flu epidemic available to the public, so it is hard to know.

If the Northwest electrical grid fails and workers who should make repairs are stricken with flu, the region could suffer blackouts. If water plants break down and one-third of employees don't show up for work because they or their children are sick, we may lose our water supply for a few days. If one-third of the truck drivers bringing food to Eugene are ill and can't drive, stores may quickly empty.

But 2007 is not 1918, people may be thinking. We have better medical care, bigger hospitals and vaccines.

We do, however, have a world that is much more interconnected than the world of 1918, when the killer flu swept across the nation in a matter of weeks. No vaccine will be available for six months, according to Oregon health officials - and then in limited quantities, which will be allocated to health care workers, the police, and the like.

The Centers for Disease Control has stated that our only hope is to keep people from gathering in crowds - so-called "social distancing." This is, of course, what Eugene's measles patient refused to do two weeks ago.

The CDC stated in its February 2007 Pre-Pandemic Plan that schools, child care centers and universities should prepare to close for as much as 12 weeks to limit spread of the disease and save lives.

School closures are a key to effective action. In Seattle during the 1918 flu pandemic, Mayor Ole Hanson closed schools and theaters and banned religious gatherings. Seattle's superintendent of schools called the mayor "hysterical." The mayor replied, "We would rather listen to a live kicker than bury him." But public resistance was so strong that Hanson resigned and left town within a year.

St. Louis, Mo., closed its schools on Oct. 5, 1918, within two days of the first reported case. Philadelphia's mayor ignored pleas from health officials, saying that a patriotic parade planned for Sept. 28 was too important. Within days, the flu spread like wildfire there. The quick actions in St. Louis and Seattle resulted in lower death rates in 1918 than the skyrocketing deaths in Philadelphia. Seattle had one-third as many deaths as Philadelphia.

Local government and public-health officials have been slow to make their plans for a bird flu epidemic available to the public. As a consequence, Eugene-area citizens have no basis for confidence that local officials today will move quickly.

I started asking to see copies of local pandemic flu plans about two months ago. Eugene Mayor Kitty Piercy had a staff member send me a copy, but the plan is not easily available for others to see and evaluate. No wonder. It has no provisions for protecting Eugene's population. It is focused mostly on keeping city services working, keeping sick people out of City Hall, and reassuring staff.

Similarly, the Eugene School District has no emergency plan specific to pandemic flu.

As for Springfield, staff assured the City Council in December that its plan would be "only accessible by internal employees," not by the public. I filed an Oregon Public Records Act request and got a copy. The plan fails to resolve many important issues, such as the likely triggers for closing schools and child care facilities.

Fire Chief Dennis Murphy, who heads up the planning, is savvy, informed and literate regarding pandemic flu. He asserts, "The city of Springfield has the authority under the law to take any of the actions required to assure public safety." Whether he can actually exercise that authority - such as closing schools for three months - may be a function of politics and public outcry as much as legality. It is also a function of whether others know that such closures might occur and plan for them.

After my request, Springfield officials put their plan on the Web last week, at www.ci.springfield.or.us/FLS/PandemicInfluenza.html . Whether it is there only for the public to read or also for us to participate in revising is an open question.

Policies in the Springfield School District provide that the superintendent can also order schools to be closed. But at the end of February 2007, the Springfield School Board stated that when pandemic flu

strikes "the district will create an emergency plan." That will be a little late.

The schools may be expecting to follow suggestions from state or local officials, but failure to engage in specific planning is an Achilles' heel for any such efforts.

Intervention must be early and swift. In fact, a workable plan should consider having specific triggers, based on the death rate of the pandemic. If it is as deadly as the 1918 flu, schools should probably be closed as soon as the first case is detected in Oregon, as was done in St. Louis. Local plans do not have such triggers.

State Superintendent of Public Instruction Susan Castillo wrote to schools last September, saying they should begin planning for a pandemic. The state education plan contemplates that schools will be closed by county health officials, not by the schools or city officials, despite what Springfield and its School Board are assuming. Given these conflicts, it is not clear who, if anyone, would take local responsibility for ordering closures.

During the May "table top exercise," planners in the Oregon Department of Education observed that school closures may last up to 12 weeks. State education and health agencies are expected to provide guidance on "timelines, trigger points and messages," but no trigger points have been established. The final report of the exercise, prepared last week, notes that during a prolonged closure, "schools will face a wide variety of staffing, financial and administrative burdens. Plans for addressing these burdens have not been established in a cohesive way across the state."

Compare this to King County, Washington's, publicly available pandemic flu plan, which contains explicit protocols such as this: "All K-12 school facilities within a jurisdiction would be closed. Schools would be encouraged to incorporate Web-based learning and public access TV media into class curricula, and would encourage home schooling."

Other educational institutions are also critically important. After all, the 1918 flu struck hardest at young people in their 20s and 30s. The UO recognizes that it may have to close classes, cancel scheduled events, and even close dormitories, but it has done no planning for teaching through the Internet, which would make closures more feasible. As for what would trigger such a decision, the UO has no clear plan. It asserts that it will look at what other universities are doing and what the state and county advise.

Drafts of the UO plan have not been circulated to the full university community for comment and are not on the Web. Lane Community College also has no pandemic flu plan on its Web site - even though the local Pandemic Flu Summit was held at LCC last September.

I went looking for a Lane County plan. I found only a simple chart on the Web. The rest of the plan is being held back. When I asked for a copy in April, a staff member replied, "The specific procedures and plans are not a public document." When I pressed, he sent some excerpts that gave few grounds for hope. As he wrote to me, "You'll notice that the plan does not indicate the use of 'involuntary' or 'compulsory' closure of schools." Instead, the county would recommend that government, school and university officials close schools. These others may follow the recommendations but they have made no clear, publicly available commitments to do so - and have made no plans for alternative methods of delivering education.

Oregon's official Pandemic Influenza Plan, which is available on the Web, also stresses that Oregon intends to rely on "voluntary" actions. A member of the state's Public Health Division said last October, "In the event of a widespread pandemic, the state can expect little material or personnel assistance from the federal government; similarly local communities will receive little assistance from the state."

This is not to say that the state isn't trying. The state's public health director, Dr. Susan Allan, is

focusing on training and exercises and believes that uncertainty about the nature of a future pandemic makes them more important than written plans.

Clearly both are needed. The public will be more likely to prepare itself and support government decisions if it has also been able to participate in the formulation of plans.

One of the greatest current confusions among officials revolves around which will take responsibility to close schools and other gathering places. In the event of a flu disaster, each may point to someone else for the "heckuva job" that didn't get done.

Without good public planning and trained officials, each family will be on its own. The U.S. government already recommends that every family should store at least two weeks of food, water, and medicines at home to cope with an expected flu pandemic. If a family wants to achieve maximum social distancing, it will need up to a three-month supply. Think of toilet paper and toothpaste, too.

At least three Web sites are worth visiting, but none of them is local:

- www.pandemicflu.gov (U.S. government).
- www.metrokc.gov/health/pandemicflu/ (Seattle).
- www.fluwikie.org (independent, well-regarded site).

Images of families trying to flee Hurricane Katrina spring to mind. But there will be nowhere to run. We may wish we had even the limited degree of safety found in the New Orleans Convention Center, as a flood of pandemic flu arises around us.

Planning for a flu pandemic must be accelerated. As Springfield Fire Chief Murphy puts it, "Who says we get any longer to prepare than tomorrow or the day after?"

In the case of pandemic flu in the Eugene-Springfield area, too late will definitely be too little. And it could be very deadly.

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