

A Ready Opportunity



AVIAN FLU IS LIKELY TO
HIT THE U.S. — BUT
THERE'S A SILVER LINING

by Wes Sander

It will come in waves. Three of them, scientists say, in the space of 18 months. The first will be the worst: up to a third of the population will fall ill for several weeks, attacked by a strain of flu that the human immune system has never seen.

The virus was designated H5N1 when it first showed up in poultry, H for a protein that keys entrance to a host cell, and N for a protein allowing exit. Since it first jumped to humans nine years ago, scientists have watched it grow ever closer to human-spreading form.

If it makes that final mutation — likely late this year or in early 2007 — it will leap quickly around the globe, attacking indiscriminately. It will arrive in the United States with less than six weeks' warning, bogging down public and private services. Businesses lacking backup plans will reel from the sudden shrinking of supplies

PHOTO: MITCHELL FUNK

and staff, with some employees lost to sickness — even death — and others to fear.

Imagine a Hurricane Katrina-scale situation in every state, observers say. Once it arrives, it must be weathered to the end, until scientists can grow a vaccine and the vaccine can be distributed around the world, a process that can take almost a year. Until then there will be no fix, no pharmaceutical solution to make it go away.

Pandemics have happened many times before — the Spanish flu pandemic of 1918 killed at least 20 million, and lesser pandemics in the 1950s and '60s killed tens of thousands — and will continue in the future.

That's why the only recourse is preparedness, and why consultants and health professionals are describing the circumstances from a positive angle. This is an opportunity, they say; it's a good time to build up those defenses and emergency plans and carry out those continuity exercises, all of which can make organizations more agile, limber and resilient.

It's not just executives from preparedness consulting firms who describe things this way. Public health officers are offering the same perspective. "So many times, you try to sell something and people just aren't interested because they think it's not going to happen," says Vicky Fogelman, who manages El Dorado County's public health preparedness division. "We can't predict exactly what's going to happen, but I can tell you that every health [professional] that I know has significant concern that this thing could turn into a pandemic.

"It's giving us a real opportunity to interact with people, to prepare for what could happen," Fogelman continues. "My philosophy is, if we can prepare for pandemic flu, we'll be prepared for anything."

At their most basic, preparedness and prevention involve familiar precautions. H5N1 will spread like the well-known seasonal flu, through handshakes and doorknobs, which brings frontline importance to hand-washing. It will quickly spread through workplaces, or, for that matter, any shared space.

A good example of a shared space with the potential for the spread of disease is the event room at the Davis Senior Center, which was packed on a recent Saturday for a preparedness symposium staged by the Yolo Audubon Society. The event attracted a number of seniors, but there were far more health professionals and wildlife researchers in the audience, people whose daily activities can put them in the line of fire.

Bette Hinton, Yolo County's public health officer, delivered one of the day's best consciousness-spurring lines during an afternoon panel discussion. "Our biggest risk is ourselves," she said. "I mean, look at us all here in this room together!"

After an uneasy chuckle rippled through the room, speaker Regina Phelps pointed out the small bottles of hand-sanitizing lotion centering each table. The bottles had gone largely unnoticed by the attendees, who gradually began reaching for them.

Phelps, a preparedness consultant based in the Bay Area, was the day's only speaker specializing in private-sector issues. She gave her standard presentation on the subject, describing the World Health Organization's alert levels (we're now at Level 3; levels 4, 5 and 6 can arrive in quick succession); explaining the importance of creating a task force to plan for immediate safety and security; and highlighting the need for key employees to practice working from home once a month.

There are plenty of pitfalls to figure out, Phelps told the audience. What if employees exceed allowed sick days? Will workers' compensation claims result from flu contracted at work? Will it be legal to order employees into the office?

Phelps began learning about pandemic influenza 11 years ago. She was speaking at a conference in Toronto, and despite her nurse's credentials, she was soon left behind when the discussion turned to pandemic science. It was a subject that hadn't come up much in public health circles in the U.S., and even now, Phelps sees pandemic preparedness across the country as deficient, an opinion shared by most observers.

Attention to the topic has fallen

victim to several things, Phelps says, among them chronic underfunding of public health departments, a situation that was exacerbated when the nation's attention turned to terrorism. "The cost of [dealing with a pandemic] truly is planning," she says. "And there's been a shift away from broad-based emergency preparedness to terrorist prevention."

Phelps awards the country a C-in preparedness and gives the same grade to the private sector. Consulting firm BDG Partners of Wayzata, Minn., likewise awarded a C-in May to the U.S. for its preparedness.

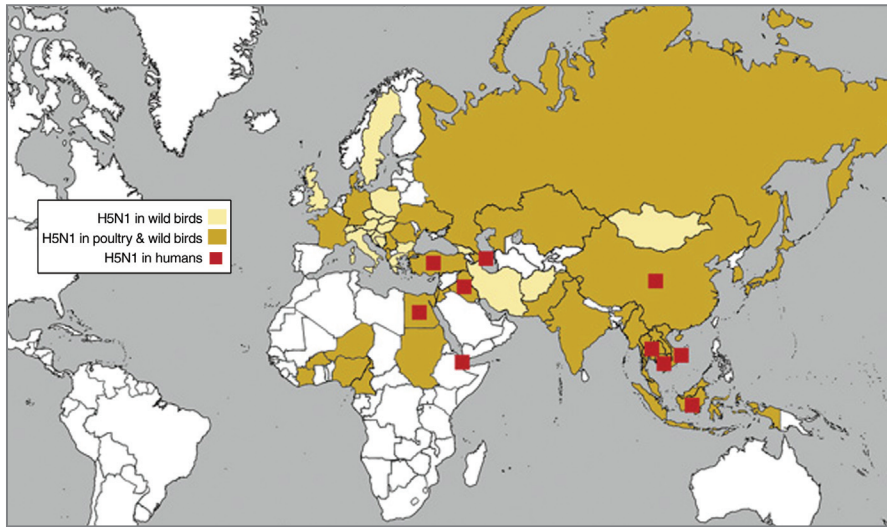
For their part, public officials don't dispute those assessments. There is a perceived disconnect between the public and private sectors, and local health departments are doing their best to address that condition while waiting for funding to arrive from the states and the feds.

"The education and information piece [of our overall effort] is probably the most crucial because it helps people understand what they should expect," says Dr. Glennah Trochet, Sacramento County's public health officer. "But it's a bit awkward because we have no funding yet. We're doing all of this with no assigned staff. We're not sitting and waiting for the funding to come, however."

The private sector, meanwhile, is making similar advances. "One of the lessons we learned from Hurricane Katrina was that there wasn't a good relationship between the public and private sectors," says Judi Freyman, vice president of the regional arm of ORC Worldwide.

Freyman's firm provides a communication forum that keeps its clients abreast of health and safety regulatory issues. "It's really an effort to enter into a dialogue with the public sector," Freyman says.

When Phelps attended the conference in Toronto, she had run her San Francisco consulting firm, Emergency Management & Safety Solutions, for more than a decade. She had grown a client list of national and global companies looking to ensure their chances of weathering disasters, but pandemic



Human outbreaks of avian flu, which began occurring in Southeast Asia in 2003, have not yet been detected in the U.S.

influenza was raising the specter of something fundamentally different.

Unlike a hurricane, earthquake or even a disease epidemic (a regional outbreak), a pandemic occurs around the world at once. All an organization can do, therefore, is hunker down and rely on its foundation and its flexibility to hold fast and absorb the waves.

So Phelps began researching pandemics, and in 1997, two years after the Toronto conference, the first reported human case of H5N1 showed up in Hong Kong. Eighteen people were hospitalized, six died, and limited jumps occurred from a first person to a second.

“I said, ‘Wow!’” Phelps recalls. She soon became an advocate for pandemic preparedness among her clients. “It’s kind of amazing how I went from being quirky to brilliant overnight,” she quipped at the Davis symposium.

Human outbreaks began occurring in Southeast Asia in 2003, and the early days of 2006 brought human cases in Azerbaijan, Cambodia, China, Egypt, Indonesia, Iraq and Turkey. By early June, the World Health Organization had counted 225 human cases of avian influenza since 2003, with 128 deaths.

No avian flu has yet been detected in the U.S., in birds or in humans. But the West Coast sits beneath the Pacific flyway, an artery of avian migratory routes that, at its northern extreme over Alaska, overlaps a similar flyway that extends into Southeast Asia. The

overlap has convinced researchers that Alaska will be H5N1’s probable U.S. entry point. Still, there are encouraging circumstances: U.S. poultry flocks are well-protected, with contact between poultry and humans kept to a minimum. And no human has yet been infected directly by a wild bird.

Still, as scientists say, if H5N1 doesn’t bring a pandemic, another virus will, so take this opportunity to do what needs doing. “There is no silver bullet, and you have to plan aggressively for something like this,” Phelps says.

Resources

- U.S. Department of Health & Human Services pandemicflu.gov
- Centers for Disease Control and Prevention cdc.gov/flu/avian
- U.S. Department of Homeland Security ready.gov/business

