



CDC Prepares

June 2007

If You Are Asked . . .

What is the Federal Government Doing to Help Americans Better Prepare for Pandemic Influenza?

On June 13, 2007, Secretary Michael O. Leavitt, U.S. Department of Health and Human Services, convened a Leadership Forum in Washington, D.C., on pandemic preparedness. This interactive forum brought together highly influential leaders from the business, faith, civic, and health care sectors to participate in dynamic discussions to help Americans become more prepared for a possible influenza pandemic.

In order to extend the value of this one-day conference, the Department of Health and Human Services hosted a blog summit on preparing for a pandemic. The five-week online event began May 22, as part of an ongoing effort by the Department to help Americans become more prepared for a pandemic. The blog summit provided an opportunity to have an open conversation and shape the thinking about how to communicate the critical need for preparedness at home and within workplaces and communities.



The blog summit provided a dynamic online conversation that was open to the public for commenting. Public comments were moderated, but participating bloggers were able to post freely. You can view the blog by clicking the image above or visiting [Pandemic Flu Leadership Blog](#).

Agency Exercises Pandemic Influenza Operations Plan with 48-Hour Test

More than 360 CDC "players" took part in CDC's recent 48-hour pandemic influenza functional

Fast Facts

Are you and your family prepared for a public health emergency, such as an influenza pandemic? The following facts were taken from an American Public Health Association National Opinion Survey to Determine Levels of Preparedness for a Public Health Crisis:

- More than one-quarter (27 percent) of the public claim to be prepared for a public health crisis, but only half of those (14 percent) actually have a three-day supply of food, water, and medication.
- Just 26 percent of the general public thinks it is likely that they or their family will be affected by a public health crisis in the next year or two.
- Forty-seven percent think a serious health crisis from an outbreak of infectious disease, such as the flu, is likely.
- Only 3 percent of the public consider themselves very well prepared for a public health emergency.



exercise, which was conducted in the CDC Director's Emergency Operations Center (DEOC) April 25–27, 2007. The exercise was the second in a series planned this year, and with each successive exercise, the goal is to include more and more CDC staff in the activities. As stated in a recent CDC Connects article, CDC wants to validate its pandemic influenza operations plan (OPLAN) and the CDC Incident Management System response, explains Tom Reynolds, Emergency Response Specialist, COTPER. "Participants included the senior leadership team and additional players were from DHHS, FDA, American Red Cross, and representatives from the states of Florida, Ohio and Arkansas public health offices."

"CDC demonstrated its ability to build on the lessons learned from the previous January exercise, as many improvements to processes and procedures were made during this response," continues Reynolds. "The April exercise also presented many new and different challenges, as the complexity of the incident increased. An After Action Report is being written to continue the plans, training and exercise cycle of improved response capability."

As paraphrased from the After Action Report, "Senior leaders, in their after action review, noted that CDC (including its CCs, COs and NIOSH, along with all the DEOC sections) has progressed from the January exercise in terms of preparation, planning, implementation, and capabilities to respond to critical challenges in managing an influenza pandemic event. They also agreed that we will continue to provide more CDC staff with the opportunity to participate in exercises and expanded participation by states. The more exercising CDC does, the better it will do in practice and the better prepared it will be to face the real event."

"These exercises are preparing CDC responders to not only effectively respond to a possible pandemic, but also to be prepared to respond to other types of events (such as hurricanes, food-borne outbreaks, terrorist attacks, etc.) as a cohesive, coordinated, effective and vital federal agency in accordance with the National Response Plan, the National Incident Management System and Homeland Security Presidential Directive 5," explains Reynolds. "CDC employees are coming together to respond to the public health needs of the nation." ([Full Story](#))



Photo by Kathy Nellis
Senior public affairs specialist, Von Roebuck reviews a talking point with NCIRD epidemiologist, Nicole Smith, PhD, for an upcoming media briefing.



CDC Director Julie Gerberding, MD, MPH, participates in the exercise as reporter Richard Knox from National Public Radio looks on.

An international team of scientists, including researchers from the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health, report using antibodies derived from immune cells from recent human survivors of H5N1 avian influenza to successfully treat H5N1-infected mice as well as protect them from an otherwise lethal dose of the virus.

“The possibility of an influenza pandemic, whether sparked by H5N1 or another influenza virus to which humans have no natural immunity, is of serious concern to the global health community,” says NIAID Director Anthony S. Fauci, M.D. “If the success of this initial study is confirmed through further laboratory and clinical trials, human monoclonal antibodies could prove to be valuable therapeutic and prophylactic public health interventions for pandemic influenza.” ([Full Story](#))

CDC Recommends

Importance of Updating Information in CDC Neighborhood

To ensure CDC is well prepared for any public health emergency, it is essential that all CDC staff (employees and contractors) update their credentials, contacts, and other information in [CDC Neighborhood](#). Please review and update this information regularly, especially as changes occur.

It is essential that CDC maintain the most accurate information possible to locate and contact staff in order to respond quickly in times of public health events or emergencies. This database will be used to call workers to determine their health status, their ability to be added to the available personnel pool, or their non-availability due to their own illness or that of a family member.

Update on H5N1

Animal Situation Update:

On May 28, Myanmar reported one new outbreak of avian influenza A (H5N1) in Yangon District. The affected population is layer poultry, with 866 susceptible birds, 15 cases, and 15 deaths. Control measures are in place, and all affected and susceptible poultry have been destroyed.

On June 2, Ghana reported a new outbreak of H5N1 on a poultry farm in the Greater Accra region. The affected bird population included 8510 susceptible birds, with 511 cases and 511 deaths. Control measures are in place, and all affected and susceptible poultry have been destroyed. [View the update on avian influenza in animals at the World Organization for Animal Health site.](#)

Human Situation Update:

On May 30, the Chinese Ministry of Health reported a new human case of avian influenza A (H5N1) infection in a 19-year-old male soldier serving in Fujian Province who developed symptoms May 9 and was hospitalized May 14. The soldier became the country's 16th death from H5N1 when he died on June 3. Of the 25 laboratory-confirmed human cases in China, 16 have been fatal. On May 31, June 6, and June 15, the Indonesian Ministry of Health reported new cases of human infection with avian influenza A (H5N1). The first case was in a 45-year-old man who developed symptoms May 17, was hospitalized on May 26, and died in hospital on May 28. The second case

occurred in a 16-year-old female who developed symptoms on May 21, was hospitalized on May 25, and died in hospital on May 29. In both those cases, initial investigations indicate the patients had exposure to dead poultry. The last case was in a 26-year-old man who developed symptoms on June 3, was hospitalized on June 6, and died in hospital on June 12. Investigations into the source of his infection indicate exposure to sick and dead poultry. Of the 100 confirmed cases of human infection with H5N1 in Indonesia, 80 have resulted in death.

On June 11 and 12, the Egyptian Ministry of Health and Population confirmed two new cases of human infection with avian influenza A(H5N1) virus. Both cases were in children in Qena Governorate. One child was a 10-year-old girl who developed symptoms June 1, was hospitalized June 6, and died June 9. The other child is a 4-year-old girl who developed symptoms on June 7 and was hospitalized on June 10. She is receiving treatment and is in stable condition. In both cases, initial investigations into the source of infection indicate exposure to dead birds. Of the 36 cases confirmed to date in Egypt, 15 have been fatal.

[Visit the WHO Web site for the most recent human cases reports.](#)

Pass This On

The next CDC Pandemic Influenza functional exercise, slated for August 14-16, 2007, will begin where the April 25-27, 2007, exercise ended. It is the third in a series of functional exercises and is designed to provide the continued opportunity to exercise CDC's influenza pandemic emergency preparedness, with a focus on **surge requirements** (personnel and material resources internal to CDC requirements, border control, and support to international and State, local, Territorial, and Tribal efforts).

Staff participation is an integral part of functional exercises and ensures that CDC is optimally prepared to face a real event. Exercises prepare responders from across CDC to work as a unified group to coordinate the demands and meet the challenges of a hazardous event.

Functional exercises test and practice the skills and coordination needed to effectively manage any response effort. Exercises also provide a basis on which CDC can improve its preparedness and response plans and its capacity to implement those plans. By being prepared, CDC can better respond to the public health needs of the nation during any hazardous event.

Barriers to Preparedness

Listed here are some things that people often identify as barriers to becoming fully prepared for a public health crisis or a similar emergency situation. Thinking about yourself or the situation at your organization, school or school system, please indicate whether each of the following is a MAJOR reason you have not done more, a MINOR reason, or not really a reason.

Potential Barrier	Finding
Do not think a public health crisis is likely	58% of the public, 48% of employers, and 30% of school administrators cite this as a minor or major reason for not preparing
Believe they are already prepared.	27% of the public views themselves as very well prepared or fairly well prepared, but just half (13%) meet the three-day standard.
Do not know what to do to prepare	44% of the public, 41% of employers, and 25% of school administrators cite this as a minor or major reason
Do not have the time	37% of the public, 42% of employers, and 32% of school administrators cite this as a minor or major reason
Do not have the money	62% of the public cite this as a minor or major reason

Source: National Opinion Survey to Determine Levels of Preparedness for a Public Health Crisis, February 2007
Conducted by Peter D. Hart Research Associates, Inc.



Pandemic Influenza Update: Reader's Feedback

The Pandemic Influenza Update is prepared by CDC's Priority Communication System and will now be prepared once a month. Information in this newsletter is sensitive and evolving. Readers are welcome to comment by e-mail to: panupdate@cdc.gov