



# Pandemic Influenza

## Get Informed...Be Prepared

*A newsletter for Minnesota organizations preparing for a possible influenza pandemic.*

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### Focus on pandemic planning efforts

This edition of the newsletter highlights some of the remarkable pandemic planning activities occurring across the state that have really picked up momentum lately.

These activities range from the ongoing work of the Minnesota Pandemic Ethics Project (as they come close to the end of Phase I of the project) to the unique planning occurring within the Mortuary Science Section here at MDH.

Additionally, the Minnesota Department of Education provides an update on the collaborative work they have embarked on lately.

Please look for these in-depth stories on pages 1-3 and consider following up with the contact persons listed.

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### Item of note regarding the new publication schedule of this newsletter.....

Beginning last December, the Pandemic Influenza Newsletter converted to a bimonthly (every other month) publication. Look for the same timely and useful information delivered six times per year.

Thank you for your continued support of this newsletter.

### Minnesota Pandemic Ethics Project Update

In 2007 the Minnesota Department of Health (MDH) contracted with ethicists from the Minnesota Center for Health Care Ethics and the University of Minnesota's Center for Bioethics to develop and lead the Minnesota Pandemic Ethics Project.

The project's primary goal is to develop ethical frameworks for how Minnesota should ration critical health-related resources in a severe influenza pandemic. To that end, a community-based resource allocation panel, expert work groups, and a protocol committee (together comprising more than 100 people) were formed as part of this project.

The project addresses the allocation of five health-related resources that are anticipated to be useful, but scarce in a severe pandemic: antiviral medications, N95 respirators, surgical masks, pandemic vaccines, and mechanical ventilators. How best to ration them from a statewide perspective during a global public health disaster raises novel ethical issues.

The resource allocation panel first met in May 2007 and has continued to meet monthly with the last meeting held just this month. Panel and work group discussions have guided the development of the ethical framework for rationing each of the resources.

Once the panel's initial recommendations have been presented to MDH in April, the next step will be to inform, engage, and consult with Minnesotans in order to ground rationing strategies in community consent. Phase II of this project, beginning this spring, will solicit public input during a period of public comment and will include a series of public engagement activities across the state.

You will find further updates on this project in upcoming issues of this newsletter. For questions, please contact Denise Dunn at [denise.dunn@health.state.mn.us](mailto:denise.dunn@health.state.mn.us) or 651-201-5560.

MDH Pandemic  
Influenza  
Newsletter

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## School Pandemic Influenza Planning Update

School pandemic influenza planning is at varying phases within the 350 public school districts, 150 public charter schools, and some 100 nonpublic schools in the state. One of the most important pieces to consistently remember is that school pandemic planning needs to occur in consultation with local partners--emergency managers and local health departments. In addition, it is important that local elected officials (school board and city council members, mayors, county commissioners) be included to ensure there is consensus on a coordinated plan.

The Minnesota Department of Education (MDE) has been developing resources for schools to engage partners, parents, and educators in planning. These resources are posted on the MDE website: [www.education.state.mn.us](http://www.education.state.mn.us) (under *Current Topics* on the front page, click on Pandemic Influenza / All Hazards).

Already in place on the website are three presentations: The Basics, All Hazards Planning, and School Pandemic Planning. An initial planning packet is available and all three presentations have been scripted and posted as webinars (the latter posted at <http://MDE.webex.com> – see Recorded Sessions). The resources and references packet is important because it lists excellent tools for use in all hazards as well as pandemic planning. The MDE quarterly updates have focused on public awareness campaigns, credible sources of information, the need for NIMS training, risk communication resources, and new nomenclature.

Where should school pandemic influenza planning start? Busy, resource-strapped school leaders need to hear that pandemic influenza planning need not start from scratch. Plans should be built on foundations that already exist, for example, communication with parents. Schools use a number of vehicles to communicate with parents. For pandemic influenza planning, the focus shifts to how fast news can travel and also on how to build in redundant systems for reaching parents. Another important reminder is to start with existing crisis teams rather than creating a new team to serve as leadership for school pandemic planning.

As requested by busy superintendents, the Quick Start offers a short list to get started with MDE's planning in

three areas: communication, continuity of health through preventing disease, and continuity of services.

### QUICK START!

#### PANDEMIC INFLUENZA PLAN for SCHOOLS

Just give me the short list!

#### A COORDINATE – COMMUNICATE – COLLABORATE

Check current communications plan for reaching staff and parents.  
District/school emergency team contacts – three deep.  
Memos of Agreement: use of school facilities, deployment of staff.  
Put a link on the school website to the local Public Health agency's website.

#### B DISEASE PREVENTION, CONTROL, SURVEILLANCE

Role model: hand hygiene & cough etiquette; reward others who also do so.  
Confirm school nurses have stepped up surveillance.  
Assist Public Health in distributing materials.

#### C SERVICE CONTINUATION

Encourage all staff and parents to create Personal/Family plans.  
Student support services team identifies families who will need extra support.  
Have an on-line teaching/learning expert per school; get one teacher trained.  
Every teacher identifies 2-3 key web sites for each subject and grade level.

School personnel are often looked to as leaders in the community. Communication and leadership skills will be critical in an influenza pandemic. The federal community mitigation guidelines released in February 2007 call for directed, targeted, layered, consistent, and continuous community-wide strategies for controlling a pandemic. The federal report emphasized that, in order for these social distancing strategies to work, there will need to be social cohesion, local leadership and trust in government. School administrators, teachers, student support services, and school support personnel – all of whom will be called on to be local leaders—will need to be informed, articulate, credible, and good role models.

### School Policy Discussion

In January 2008 MDE called together a school policy discussion group including education leaders and state and local partners (public health and emergency management) to provide guidance, input, and support regarding critical education policy issues. A primary question is the continuity of operations plan and what happens while children and youth are dismissed from school. The assumption is that dismissal of students from regular attendance at school should slow the transmission of pandemic influenza in a community.

But the dilemma is whether or not continuing education should occur, if it is feasible at any level, or if quality teaching and learning can take place for most or all students. Is continued instruction necessary for students in order for them to progress through school or is it more important for public health reasons (keeping the

(continued on next page)

## School Pandemic Influenza Planning Update (cont.)

children and youth busy so they don't mingle) and to help out parents? The policy group's discussions have been framed by the question: What is in the best interest of the children related to their continued learning?

The Minnesota Department of Education has appreciated the work of the school policy discussion group and is clarifying when and under what conditions funds would continue to flow to school districts in a pandemic. Schools are also waiting for clarification from the federal government regarding the requirements of No Child Left Behind. A conference call in December provided some information and resources (see the article in the MDE February newsletter at the MDE web site), but formal guidelines have not been issued to date.

As the work continues, suggestions, model plans, and examples of school-public health partnerships are welcomed. Questions or comments? Please contact:

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## MDH Pandemic Plans Consider Care of the Deceased

A lot of time and effort has been given to the various facets of planning for a possible influenza pandemic. But what about efforts underway to plan for the surge in deaths that could overwhelm local mortuary resources in many areas of the state should a pandemic occur?

Care of the deceased is probably not the first thing most of us think of when considering the many complexities of pandemic planning. But considering that Minnesota could experience an additional 536 deaths each day (from the normal average of 103); it seems prudent that this area receive considerable attention.

Coordinating planning for this effort is the MDH Mortuary Science Section. Typically the duties of the section are to oversee licensing of the 550 funeral homes, 51 crematories, and approximately 1200

morticians in the state. Inspections and investigation of consumer complaints are also a part of this three-employee office. But funding from a CDC grant has allowed the temporary addition of one full-time employee for pandemic planning.

"When you think about it," says Tim Koch, a mortician investigator for the section, "the potential for a disaster is there should the funeral industry need to deal with more than five times the normal volume of work while also realizing that up to 40% of their employees may be sick. A plan needs to be in place."

One of the priorities in 2007 was to get information about the potential ramifications of a pandemic for funeral homes and morticians around the state. Although some scoffed at "all the fuss," most agreed it was better to be prepared than to be caught off-guard.

Currently the section is seeking grant funds to pay for software development that will allow hospitals, nursing homes, alternate care facilities, and health officials to report deaths via the web to a central database. Deaths reported to the database would activate strike teams to transport the deceased to temporary morgues where they would be cared for until local mortuary services could call for them. The software will include a radio frequency identification (RFID) system that will allow for seamless tracking of the remains from place of death to place of final disposition.

Another planning priority is to purchase additional body bags. So far the state has purchased 2000; a good start, but not enough. It is important to make this purchase ahead of time because, should a pandemic strike, every state would be calling the limited number of suppliers at the same time to place orders.

Finally, the section would like to make visits to local emergency planners and other interested officials to discuss the issues their communities may face with this delicate issue. If you would like to schedule a meeting, please contact [timothy.koch@health.state.mn.us](mailto:timothy.koch@health.state.mn.us) in the Mortuary Science Section. He would welcome the opportunity to meet with you in person.

How we respectfully care for the deceased during a pandemic may seem like one of the last things to think about. However when one considers that the death could be that of a spouse, a child, a parent, or other loved one, it becomes clear why this issue is so important.

## Exercises

### Pre-pandemic influenza vaccination exercise

The MDH Office of Emergency Preparedness is planning a statewide functional exercise to be held on July 16-17, 2008 that will address some elements of communications, public information messages, vaccine distribution, and documentation of vaccination. This exercise will involve all local public health agencies and up to two hospitals per jurisdiction (if applicable) in exercising activities related to pre-pandemic influenza vaccination of essential medical personnel, media messages, and the electronic documentation of vaccination. Look for additional information via e-mail coming from Judy Farlow.

## Education and Training

### Ethics in the Worst of Times: Rationing to Protect the Public's Health During an Influenza Pandemic

A special program opportunity of the 2008 Public Health Institute, sponsored by the University of Minnesota Center for Public Health Preparedness.

J. Eline Garrett, JD, and Debra DeBruin, PhD

**June 5, 2008, 1-5 p.m. – Free**      **Save the date**

Forum will be held at Snelling Office Park in St. Paul and broadcast live via ITV at several sites around the state. Registration will available soon at <http://cpheo.sph.umn.edu/cpheo/institute/home.html>

## Communication Resources

### Emergency Communications Toolkit

This toolkit was created for public health and emergency response partners for use during a disease outbreak, natural disaster, or other public health emergency.

Various templates, checklists and fact sheets are included. Resources were developed by the Washington State Department of Health, the CDC and other trusted federal and local public health partners.

<http://www.doh.wa.gov/phepr/toolkit/>

### Flu Wiki on Pandemic Preparedness

HHS assistant secretary for planning and evaluation answers Flu Wiki queries on pandemic preparedness:

<http://www.newfluwiki2.com/showDiary.do?diaryId=2179>

### Vaccine prioritization website

A public engagement dialogue conducted in cooperation with the CDC. The dialogue has concluded but this website remains open so that the interested public can review the library resources, discussions and summaries.

<http://www.webdialogues.net/cs/panflu-engage-home/view/di/104?x-t=home>

## Pandemic Flu Digest

### Resources of interest

- Research Priorities in Emergency Preparedness and Response for Public Health Systems – Institute of Medicine (IOM) and CDC:  
<http://www.iom.edu/CMS/3740/48812/50685.aspx>
- Ethical considerations in developing a public health response to pandemic influenza (final World Health Organization report from 2006 meetings):  
[http://www.who.int/csr/resources/publications/WHO\\_CDS\\_EPR\\_GIP\\_2007\\_2c.pdf](http://www.who.int/csr/resources/publications/WHO_CDS_EPR_GIP_2007_2c.pdf)
- Public Health Preparedness: Mobilizing State by State—a CDC report:  
<http://www.bt.cdc.gov/publications/feb08phprep/>
- Influenza Pandemic Efforts Under Way to Address Constraints on Using Antivirals to Forestall a Pandemic (US Government Accountability Office report): <http://www.gao.gov/new.items/d0892.pdf>
- American Public Health Association (APHA) offers kids materials on pandemic flu:  
<http://www.getreadyforflu.org/kids/>

## The Last Word...

### Historical Information on

The Great Pandemic, US DHHS, Office of the Public Health Service

Historical information about the flu pandemic of 1917-1918, including a summary of key events and data for every state. Posters, cartoons, photographs, biographies and more.....

<http://1918.pandemicflu.gov/>

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<http://www.health.state.mn.us/divs/idepc/newsletters/panflu/index.html>