

### DON'T BE SCARED — BE PREPARED:

## ACA SUMMER CONGRESS WORKSHOP EDUCATES ATTENDEES ON AVIAN INFLUENZA

By Lisa Leone

What would your facility do if faced with a Bird Flu pandemic? At ACA's Summer Congress in Charlotte, a panel of experts addressed this topic by offering advice and posing questions that allowed participants to reflect on their facilities' preparedness.

The panel of health care professionals included William G. Andrade, chief medical officer for Corrections Corporation of America; Robert Hofacre, director of nursing services for the Ohio Department of Youth Services; Roberto Hugh Potter, public health adviser for the Centers for Disease Control's (CDC) Division of HIV/AIDS Prevention; Laurie C. Reid, public health adviser for CDC's Division of HIV/AIDS Prevention; and Lester N. Wright, deputy commissioner/chief medical officer for the New York Department of Correctional Services.

The Avian flu (or influenza A) is a respiratory illness that can mimic other viruses and colds because of its common symptoms — fever, headache, fatigue, body aches, dry cough, and runny or stuffy nose, according to the basic overview by Reid. The defining characteristics of a pandemic are that the disease must emerge in the human population, it must cause serious illness and it must easily spread from person to person. At this time, the avian flu has met only the first two requirements. "Right now we are not dealing with a pandemic flu because it is not spreading easily from person to person," Reid said. The strain that has spread from birds to humans is H5 N1. It is one combination of the 16 H-types and nine N-types that have mutated to make up the various forms of the influenza virus. There is a possibility of future mutation of the avian flu into a virus that will pass from human to human, but the severity and timeline for this phenomenon is not

known. Also, at this time, health care officials have not defined who is at "high risk" of becoming infected, but common sense indicates that children and elderly adults will be the most vulnerable.

Concerns with the avian flu have been raised because it is lethal to poultry and could have an economic impact. There is also a high likelihood that the virus could mutate and move from person to person. The fear is that it will spread rapidly, creating a burden on hospitals and disrupting community infrastructure. Once the strain is identified, it will take six to nine months to develop and distribute a vaccine. The panel and attendees questioned who will receive the vaccine first and if inmates and correctional officers are considered a priority.

The panel suggested meeting with local authorities and health care providers to construct a plan of action. According to Reid, "The government and others are working together to prepare for an influenza pandemic by limiting animal infection, limiting human infection and taking action to coordinate preparation." The Department of Health and Human Services has addressed a possible pandemic by advocating for criminal justice planning now. It has provided guidelines and industry-specific checklists on its Web site, [www.pandemicflu.gov](http://www.pandemicflu.gov) or [www.avianflu.gov](http://www.avianflu.gov). These resources encourage collaboration and thorough planning. The law enforcement and correctional facilities checklists have not yet been released, but are being developed. General guidelines for dealing with a flu pandemic are: get vaccinated, practice good hygiene, stay at home if you are sick and stay informed. Another resource, available on the CDC Web site, helps to predict the number of people who will be affected in each area.

A pandemic will not affect all areas evenly; therefore, citizens and policy-makers cannot wait until the government declares a pandemic. "You have to react to what the reality is in your state," Potter said. In looking at the influenza pandemic of 1918, researchers have learned that the pandemic will come in stages. "This is not a one-time affair," Potter said. The country will have to be prepared for the pandemic to last 18 months from the time the first wave hits the United States. According to Potter, the first wave will be three to five months maximum, followed by a second wave. By the third wave, the population should have enough immunity or a more successful vaccine. During the 1918 influenza pandemic, inmates were often infected by military personnel in nearby barracks. Overall, corrections was not as widely affected as the military, mostly due to the isolation of some facilities. Health care agencies cannot answer questions about the fatality or severity of a future flu pandemic; however, using data from the 1918 pandemic, during which there were 675,000 deaths, experts predict 1.9 million

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people could die and 10 million people could be hospitalized in the United States.

The workshop panel presented questions to help correctional employees to begin thinking about the preparedness of their facilities. One issue, which has come up throughout corrections, is how would facilities provide services with the current amount of absenteeism and understaffing? In the event of a pandemic, schools will close and even more staff will have to leave to attend to their families. One solution was to train all staff in all services. In the event of a pandemic, will facilities be prepared to use inmates as service and health providers? An attendee brought up the example of inmates participating in rescue efforts and cleanup after the Gulf Coast hurricanes. Other issues that were presented and discussed included: communication strategies for inside and

outside of the facilities; protecting asymptomatic inmates and staff from symptomatic patients; and obtaining supplies.

The panel also advised facility administrators to communicate with the local health department on a regular basis and make plans for possible situations. This planning should be incorporated into the area planning for all hazards and should meet the same standards. Hofacre was able to provide insight into Ohio's plan and shared how it required collaboration by all the state agencies. They evaluated every aspect of a hypothetical pandemic and addressed possible scenarios. "Continue to have dialogue to come up with these 'what-ifs' and write them down and try to start putting a plan together," Hofacre said.

Reid warned that corrections professionals may not always be invited to the

discussion table; hence, they must invite themselves. "People do not always remember the population we serve," Reid said. "Invite yourself to the table and be deliberate about it."

Wright will chair the Pandemic Task Force, an ACA ad hoc committee established by President Gary Maynard to work on pandemic planning. The committee will submit workshop topics for ACA conferences and encourage the submission of articles regarding pandemic research in ACA publications. It will also raise the issue and implications of pandemic disease to correctional agencies, and it will work with CDC and other agencies to develop response plans that include corrections as a distinct entity. ♦