

Governor's Pandemic Influenza Task Force
Governor's Mansion
September 7, 2006

Meeting Summary

Attendees:

Alan Allred, Linda Abel, John O. Agwunobi, Niel Ashdown, Pamela Atkinson, Marc Babitz, Bart Berry, Ben Buchanan, Veola, Burchett, Jan Buttrey, Allen Christensen, Stephen Clark, Cody Craynor, Guy Dansie, Gary Edwards, Larry Ellertson, Elaine Emmi, Harden Eyring, Kathy Froerer, Teresa Garrett, Ron Gloskens, Tamara Hampton, John Hanshaw, Von Horton, Gary House, Governor Jon Huntsman, Beverly Jackson, Anapesi, Kalli, Michael Kuehn, Clark Larsen, Nate Leishman, Tamara Lewis, Pat Luedtke, Myron March, James Mason, Gail McGill, Mark Meaker, Dick Melton, Edith Mitko, Sabrina Morales, Alexander Morrison, David Neale, Allen Parke, Patti Pavey, Andrew Pavia, Ryan Richards, Robert Rolfs, Betty Sawyer, Joann Seghini, Richard Sperry, Doug Springmeyer, David Sundwall, Deb Turner, Kathy Walker, Brent Wallace, Catherine Wheeler

The meeting began at 8:00 am with a greeting from **Governor Jon Huntsman** outlining the importance of the Task Force work in protecting the health and well-being of the people in Utah. The Governor explained that the objectives of the Task Force are:

- To provide community recommendations on key policy issues relating to Pandemic Influenza;
- To revise the Utah Pandemic Influenza Response Plan base on feedback and recommendations of the Task Force;
- To be a catalyst for legislative change and community action, if necessary, that would improve the overall response to a pandemic and other public health emergencies;
- To provide a forum for community education on pandemic influenza.

Co-Chair Dr. David Sundwall thanked the Task Force for their willingness to participate in this process. Key points from his remarks include:

- We have 16,000 – 40,000 citizens die every year in this country of the flu. We know that we will have another influenza pandemic and a coordinated response is essential. We are not starting from scratch; we do have a Utah plan that has been in existence for some time and needs to be updated. We have experienced the benefits of being prepared. Due to our planning we were able to assist during the Katrina disaster with little notice. This was achieved because of the planning that took place prior to the 2002 Olympics. If we have a Pandemic it is not the DOH problem alone, but it is a shared responsibility.

Dr. Mason (Co-chair) covered the following key points:

- In 1918, entire communities were decimated because of the numbers who were ill and died from pandemic influenza. There were more than 20 million who died worldwide.
- In 1976 we had the swine flu. It started with soldiers and spread rapidly among the military recruits. There was great concern that this would spread worldwide and have the same mortality as was associated with 1918. People were vaccinated and the pandemic never occurred. It was either the greatest public health fiasco that ever occurred, or the greatest response. How will we be judged on how we react to a disaster during our period of responsibility? We do not want what happened with Katrina (in the context of a hurricane), to happen here in the state of Utah (in the context of pandemic flu). That is why the governor has asked us to meet here today.
- There will be at least four additional meetings. Dr. Mason covered the various materials in each task force member's binder, including current pandemic plan, schedule of future meetings, and various articles.

- Prior to each meeting you will receive a background paper on each of the six key policy issues relating to Pandemic Influenza with options for Task Force action. We will have facilitated discussions on whether to accept or reject those options, make additional recommendations, or ask for more research or information. Our end product will help amend and update our current plan, coming up with actions that will help us to be prepared. We will seek consensus as we adopt various recommendations and recommend that action be taken.

Dr. Sundwall introduced **Dr. John Agwunobi**, Principal Health Advisor to Secretary Leavitt and Admiral in the Commission Core where he is responsible for the entire public health service. Dr. Agwunobi was the Executive Director of the Department of Health in Florida when they experienced four major hurricanes, the first intentional use of anthrax as a bio-terrorist agent, and has had challenges in dealing with a various diverse cultures. Dr. Agwunobi is a clinician, manager, and pediatrician.

Key points from Dr. Agwunobi are:

- Pandemics happen, they are as natural as an earthquake, hurricane, or tornado. We build into our daily lives solutions to these natural disasters. It is essential that we build into our daily lives not only for this pandemic, but future pandemics. Prepare for the worst, but be practiced and aware for the lesser pandemics.
- Pandemics cannot be dealt with by health workers alone. We need to include schools, emergency response, business, and local government. We are not preparing for H5N1, we are planning for any major emergency.
- At the federal level, our science and our expertise need to benefit everyone. Secretary Leavitt announced a one billion dollar investment in cell-based technology designed to spur industry to find new and faster ways to produce vaccines.
- Next month the Institute of Medicine (IOM) chartered by HHS, will begin a series of discussions designed to flush out what we call community containment to help communities reduce the impact of a pandemic, such as closing schools. The hope is to provide recommendations that each state utilize to create their own plan.
- A much larger challenge is the response to a pandemic outside of public health. How do we keep our industries and our essential business running? How do we education our children when schools are closed for prolonged periods of time. What is the impact of having schools closed for a prolonged period of time on industry? This is where public health and industry must work together to work on solutions.

Dr Agwunobi answered Task Force member questions on raising public awareness of pandemics and progress on bird flu.

Dr. Robert Rolfs, State Epidemiologist, was introduced and presented “Pandemic Influenza Preparedness” (the presentation in its entirety is included as a separate document). Dr. Rolfs also presented the six key policy issues that the Task Force will be addressing over the course of the next four meetings. Those issues are:

1. Effective and Credible Decision-making
2. Adequacy and Health Care Surge Capacity
3. Maintaining Essential Business and Community Services
4. Support for those Confined by Illness or to Limit Spread
5. Anti-viral Medications – Stockpile, Management, and Use
6. Vaccine Management and Use

Dr. Rolfs answered questions related to his presentation and initiated a discussion on whether these were the appropriate questions to be addressed by the Task Force and in the appropriate order to be discussed.

Highlights of the discussion include:

- The current plan is to cover two key policy issues at each of the next meetings. The first two would be decision making and capacity planning. The reason that they were placed in this order was because the workgroup developing the background papers for the Task Force felt that decision making was at the core of planning and preparedness, and because the health care system issues were the ones that most people were most concerned about.
- We will be inviting other stake holders and subject experts beyond this group to the Task Force meetings. If Task Force members have others they feel should be included in the discussions, please let us know.
- Several Task Force members suggested that Communication be added as a policy issue. The use of communication technology, the transfer and dissemination of public information, modes of communication, and how decisions are made regarding public information and the media were brought up as critical issues in pandemic preparedness.

Dr. Mason lead a summary discussion to determine if there was consensus from the Task Force on the six policy issues and how the additional issue of communication should be handled in future discussions.

Key points:

- It is important in this planning process to be aware of what others in the public and private sector communities are doing to prepare for a pandemic or other public health emergency, such as the Coalition for Utah's Future, which has been meeting with utility and health care companies to find potential gaps in the provision of services during a pandemic.
- In discussing the scope of the Task Force, the recommendations of the Task Force will be incorporated into the revised State Plan, as well as shared with Local Health Departments, local government, and private entities. It is hoped that we might be able to repeat the Pandemic Preparedness Health Summit that Secretary Leavitt attended last spring to share and make the Task Force recommendations sustainable.
- Concern was expressed about the ethnic diversity of the communities and whether or not the plan has built education at the grass roots level into its activities. This is a key area of communication that needs addressing.
- In discussing the order of the key policy issues and if they are the right questions to address, Task Force member, **Dr. Pavia**, felt that these are the right questions. Dr. Mason put this in the form of a motion asking the Task Force if they would like to add a seventh, separate item, communication, to the key policy issues. This motion passed. More discussion followed regarding addressing communication early on with the issue of decision-making or including it as sub-category in each of the policy issues.
- Task Force member **Chief Meeker** recommended making communication a major component of issue one, decision-making, outlining the key principles of effective communication in relation to a pandemic and in the remaining categories articulate how the principles are implemented.
- Dr. Mason asked the Task Force if they agreed to add Communication to the Decision Making discussion, as well as address communication as a component in all of the policy questions. Motion passed.

The meeting was adjourned by Dr. Mason with a reminder that the next meeting will be held on October 3rd at the Radisson Hotel in Salt Lake City.