Pandemics and Other Public Health Emergencies: The Role of 2-1-1 and I&R AIRS: 37th Annual I&R Training and Education Conference

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From 2000-2013, the U.S. experienced 849 federally declared natural disasters; the majority due to severe storms.

Pandemics and the Emergence of Influenza A Viruses in Humans

- **H1**: 1918 Flu H1N1
- **H2**: 1957 Flu H2N2
- **H3**: 1968 Flu H3N2
- **H7**: 1980
- **H5**: 1997
- **2009 Flu H1N1**: 2009

Timeline:
- 1915
- 1925
- 1935
- 1945
- 1955
- 1965
- 1975
- 1985
- 2005
- 2015
What is an Influenza Pandemic?

✓ A new influenza A virus appears or “emerges” in the human population, and

✓ It causes serious illness in humans, and

✓ It spreads easily from person to person worldwide
What Will Be Used to Fight a Pandemic?

- Vaccine
- Antiviral Medicines
- Infection Control
- Social Distancing
Social Distancing
Pandemics Are Different from Other Threats

• Unannounced
• Can last 12-18 months
• National impact
• No physical damage, but human toll:
  – Can affect 30-40% of population
• Impact on healthcare facilities
• Likelihood of societal disruption
  – From outbreak (illness)
  – From social distancing measures
  – From fear and loss
How Can 2-1-1 and I & R Respond to a Pandemic?

• Prepare to protect your organization (continuity)
• Prepare for surge of callers with increased needs
• Help your community by participating in response initiatives (e.g., Flu on Call™)
Helping the Community is Important: But What About Preserving Continuity for Your Organization?

• Plan for the impact on operations:
  – Surge: Increased call volume and increased caller’s needs and anxiety
  – Staff: absenteeism, stress, exhaustion
  – Disruption: Challenges of social distancing

• Plan to protect people
  – Sick people stay home!
  – Establish policies for non-punitive leave

• Allocate resources (work from home)
• Communicate with and educate staff/callers
• Coordinate plans, response, and recovery
• TEST your plan!
Prepare for surge of callers with increased needs

- As flu severity increases, anxiety and misinformation may increase.
- Callers may be:
  - Looking for scarce vaccine or medicines
  - Worried about illness
  - Experiencing illness/death of family or loved ones
  - Those with few resources may suffer more setbacks
    - Lost job due to illness or need to care for others
    - Live alone with no resources and ill/worried
    - No transportation to seek medical care
  - Seeking accurate information
  - Experiencing illness and looking for help
Help your community
Potential Problems During a Severe Pandemic

Large numbers of ill people seek care;

EDs, clinics, and medical offices are crowded; there’s a surge on medical facilities;

Delays in seeing a provider; and

Potential for delay in antiviral treatment
Long wait times ... Reduced access to care and antivirals ... Increased risk of illness and death ....
Between Oct. 2009-March 2010, the Minnesota FluLine:
• Fielded more than **27,000** calls
• Provided information to callers:
  • About **1/3 of callers** were not sick and **needed information** (based on post-event telephone survey)
• Averted an estimated **11,000** in-person provider visits

How Can We Build on Existing Systems?

- Health Plan Nurse Advice Lines
- Hospital Nurse Advice Lines
- Providers & Clinic Help Lines
- Other Help Lines
- Public Health Emergency Help Lines
- POISON HELP 1-800-222-1222
- United Way • AIRS
  2-1-1

{CDC logo}
United Way Worldwide 2-1-1 Centers

92.6% Overall Coverage
% of Population Covered* by 2-1-1 in Each State

*C覆盖是定义为通过2-1-1拨号代码的固定电话用户。
Population based on 2010 Census

Data produced by 2-1-1US: February 2013
Map produced by United Way Worldwide: February 2015
Goals of Flu on Call™

Develop a coordinated national network of triage lines for use during a severe pandemic to:

• Improve access to antiviral prescriptions for ill people;
• Provide an alternative to face-to-face provider encounters;
• Reduce medical surge; and
• Increase appropriate use of medical resources.
Core Flu on Call™ Project Partners
Caller dials a toll-free number

Interactive voice response (IVR) system asks caller to identify his/her state

2-1-1 Specialist answers

“Are you ill or caring for someone who is ill with influenza-like illness?”

2-1-1 Specialist provides information directly, or refers caller to public health information (hotline, website) or other community resources

Callers from nonparticipating states are referred to state resources

No

Yes

“Are you a member of a participating health plan or health system?”

Yes

Specialist refers or transfers caller to the appropriate help line.

No

Specialist transfers caller to a Poison Control Center

Specialist at Poison Control Center triages caller, recommends where/when to seek face-to-face care, and provides access to antivirals if appropriate.
Flu on Call™ Moving Forward

2015 - 2016

• Engage additional 2-1-1 Centers;
• Establish a common Flu on Call™ telephone platform for participating UWW 2-1-1 and PCCs to use when Flu on Call™ is activated;
• Explore how to best align Flu on Call™ with state and local response plans;
• Conduct pre-event training for UWW 2-1-1 specialists and PCC staff;
• Refine content of database; and
• Improve stand-by readiness by exploring activation for a Demonstration Project in 2016
Closing Thoughts

Leadership

Imagination

Service
Questions?
Thank you!

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