



Pandemic Flu Preparedness and Response

Leaving No One Behind

There are thousands of pages of plans and implementation steps at all levels of government on preparing for pandemic flu. Billions of dollars have been invested to improve the nation's response capacity, including vaccine and antiviral research, development and manufacturing capacity and state and local preparedness. Despite all of this, current efforts to prepare are insufficient and are leaving the most vulnerable Americans behind.

GET THE FACTS

- **The toll on human health and the potential economic consequences from a flu pandemic could be severe.** A serious flu pandemic could cause more 1.9 million deaths and 9.9 million hospitalizations. If the United States were to encounter a moderate flu pandemic, 209,000 people could die, with 865,000 hospitalized. A severe flu pandemic could cause a 4.25 percent – 6 percent drop in the country's gross domestic product, possibly resulting in an economic recession.
- **Vulnerable populations are almost always the worst affected by health emergencies**, and yet their needs are often not addressed in emergency preparedness and response efforts. Vulnerable populations include the economically disadvantaged and the uninsured and underinsured, as well as racial and ethnic minorities, children, the elderly, individuals with chronic illnesses, and individuals with mental illness and substance abuse disorders.
- **HHS recommends that individuals and families stockpile a two-week supply of food and water**, in the event that stores must close or run out of supplies during a flu pandemic.
- **In a severe pandemic, absenteeism may reach as high as 40 percent during the peak weeks**, significantly straining the national work force.
- **Many families are unaware of various transmission prevention strategies such as social distancing.** There have been some efforts to educate the public, but much of the information is provided on the Internet – a form of communication that many people cannot access. Further, while materials are often translated into Spanish, not all available materials are culturally and linguistically relevant for individuals with limited health literacy and English proficiency.

Sources: HHS, Trust For America's Health, Bellagio Meeting On Social Justice and Influenza Statement of Principles

CURRENT PREPAREDNESS EFFORTS LEAVING VULNERABLE AMERICANS BEHIND

- **Millions of Americans will have difficulty accessing necessary health services in the event of a flu pandemic.** Forty-seven million Americans are uninsured, with millions more underinsured. This population does not have the means to mitigate devastating health care expenses, including but not restricted to vaccines, antivirals, hospitalizations and outpatient care—all of which are essential during a flu pandemic.
- **Hunger will be common if pandemic flu strikes.** Many Americans receive some form of food assistance, be it food stamps or breakfast and lunch through the National School Lunch and Breakfasts Programs. These families, along with other low-income families, cannot afford to stockpile sufficient supplies placing them at an increased risk of going hungry, especially if schools close and other food assistance programs are inoperative during a pandemic.
- **About 59 million Americans do not have any sick leave and 86 million workers do not have paid sick leave.** As a result, millions of workers will continue to go to work, even when they are sick, hampering social distancing efforts to limit or delay the spread of the virus.
- **Individuals living with chronic diseases, HIV/AIDS, mental illness or substance abuse problems will not be guaranteed the treatment they need to manage their conditions.** During the peak of a flu pandemic, pharmacies may close or experience shortages in prescription drugs due to halts in shipments. Many are unable to stockpile a sufficient supply of prescription medication because of restrictions placed by federal agencies and public and private health plans.
- **Many communities will not be able to support themselves during an influenza pandemic.** Despite current preparedness efforts, communities are being left behind, particularly the most vulnerable low-income communities that lack supplemental resources to prepare for a pandemic (i.e., run drills,

stockpile medications, conduct outreach). Consequently, many communities will be unprepared for a flu pandemic and unable to maintain community life and important social services.

- **Children have unique needs and special consideration must be given to their needs** during public health emergency preparedness. This is especially true during a pandemic flu since historically children have a higher rate of infection and suffer greater health consequences from seasonal and avian flu.

Sources: U.S. Census Bureau, Families USA, U.S. Department of Agriculture, U.S. Department of Labor, Lovell V, Academy of Pediatrics

APHA RECOMMENDATIONS

To help ensure that all people in the United States are prepared for pandemic flu, APHA recommends:

- **Developing a strategy to offset the cost of health care for uninsured and underinsured people**, in the event of a flu pandemic such as creating an emergency Medicaid designation or a disaster health care fund.
- **Enacting legislation that would require employers to provide employees with a period of paid sick leave followed by a period of unpaid sick leave**, in the event of a public health emergency. This would ensure that employees do not lose their jobs because they need to care for themselves or family members or would allow telecommuting in appropriate situations.
- **Granting funds to states to stockpile sufficient provisions to endure a flu pandemic.** Stockpiles should take into account the population currently in food assistance programs like the National School Lunch Program and the Emergency Food Assistance Program, as well as other low-income people who might need food assistance because of a pandemic.
- **Supporting state and local health departments** to ensure all hospitals have preparedness plans that take into account vulnerable populations; support outreach efforts to educate the public on pandemic influenza; develop and disseminate easily understood and culturally competent information regarding pandemic influenza in several languages; and engage and educate community groups, neighborhood groups and churches.
- **Revisiting federal laws and regulations and insurance company policies concerning the amount of prescription medications that can be dispensed at a single time** so that people with chronic health conditions, such as HIV/AIDS and mental illness, have access to a contingency supply if a flu pandemic forces pharmacies to close or causes shortages in supplies.
- **Federal, State, Local, and Tribal plans should take into consideration the unique needs of children**, including the need to vary vaccine and antiviral dosage levels, provide age appropriate education on how to limit the spread of the flu, and what will be done if schools and daycares are closed.

LEGISLATIVE ACTIVITIES APHA SUPPORTS

- **The Healthy Families Act (S.910/H.R. 1542)**, requires employers with 15 or more employees to provide a minimum paid sick leave and employment benefits for those who work at least 20 hours a week.
- **The Public Mental Health Emergency Preparedness Act of 2007 (S.1452)**, establishes the National Center for Public Mental Health Emergency Preparedness to address mental health concerns and coordinate and implement the development and delivery of mental health services in the event of a public health emergency.
- **The Kids in Disasters Well-being, Safety, and Health Act of 2007 (H.R. 3495) and Addressing the Disaster Needs of Children Act of 2007 (S. 1970)**, establish a National Commission on Children and Disasters, a National Resource Center on Children and Disasters, and for other purposes.