Community Shielding: The Role of Community Mitigation Strategies in Pandemic Planning

FNS Presentation December 8, 2006

Flu Terms Defined

• Seasonal (or common) flu:

- Can be transmitted person to person
- Most people have some immunity
- Vaccine is available
- Avian (or bird) flu:
 - Can be transmitted from birds to humans
 - No human immunity
 - No human vaccine is commercially available
- Pandemic flu:
 - Can spread easily from person to person
 - Little or no natural immunity
 - No vaccine available

A 1918-Like Pandemic Would Take a Significant Toll Today

Severe Pandemic (1918-like) in the U.S.				
Illness	90 million (30%)			
Outpatient medical care	45 million (50%)			
Hospitalization	9, 900,000			
ICU care	1,485,000			
Mechanical ventilation	745,500			
Deaths	1,903,000			

A Human Story: The 1918 Pandemic

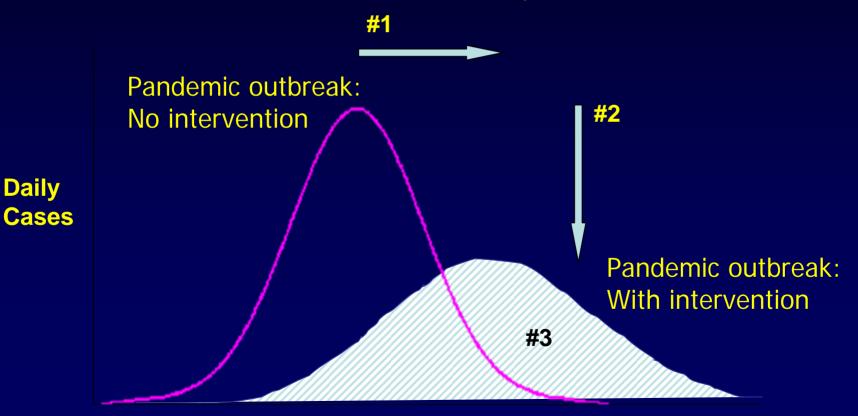




A nationwide casket shortage was evidence of a mounting death toll.

Community-Based Interventions

- 1. Delay outbreak peak
- 2. Decompress peak burden on hospitals / infrastructure
- 3. Diminish overall cases and health impacts



Days since First Case

Questions

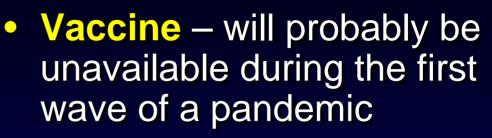
During a severe pandemic, how can communities use the resources at their disposal to limit illness, hospitalization and death?

Based upon the available evidence, what planning should be done now?



Potential Tools in Our Toolbox





- The supply of antiviral medications is limited
- Infection control and social distancing measures:



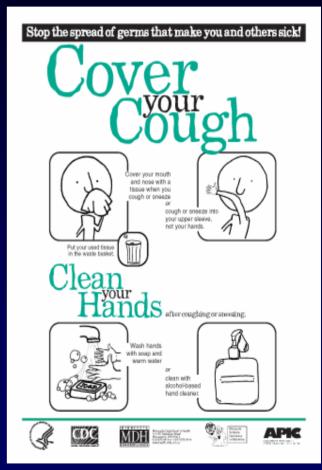
Contact Interventions (Social Distancing)



Infection Control Measures

Transmission Interventions (Infection Control)

- Hand hygiene
- Facemasks
- Cough etiquette
- Sick people stay home (isolation)
- Stay home if have an ill household member (voluntary home quarantine)
- Environmental cleaning



Social Distancing Measures

Contact Interventions (Social Distancing)

- Protect children and teens
 - School closure
 - Keeping children and teens at home
- Cancellation of mass gatherings
- Alternatives to face-to-face contact at work
- Increasing distance between people
- Decreasing number of contacts

Recent Analyses Suggest That Community Actions May Significantly Reduce Illness and Death Before Vaccine is Available

Early and uniform implementation of:

- School closure
- Keeping kids and teens at home
- Social distancing at work and in the community
- Encouraging voluntary home isolation by ill individuals and voluntary home quarantine by the household contacts
- Treating the ill and providing targeted antiviral prophylaxis to household contacts
- Implementing measures early and in a coordinated way



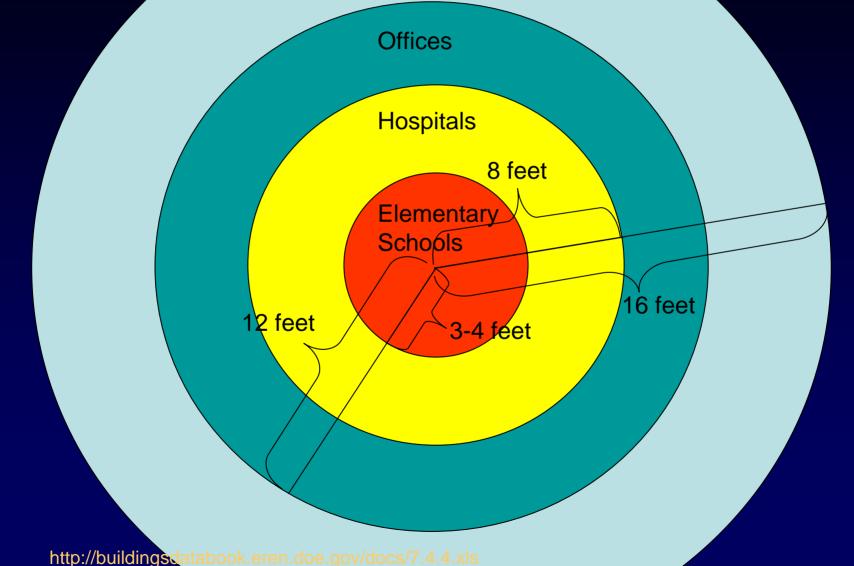




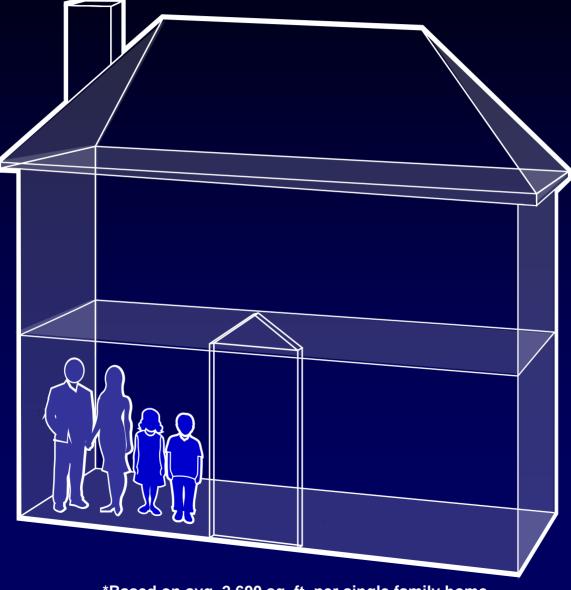


Residences

Workplace / Classroom Social Density

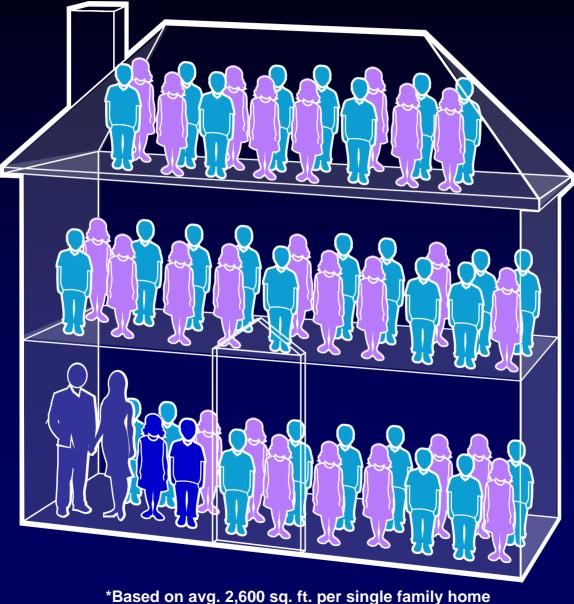


Spacing of people: If homes were like schools



*Based on avg. 2,600 sq. ft. per single family home

Spacing of people: If homes were like schools



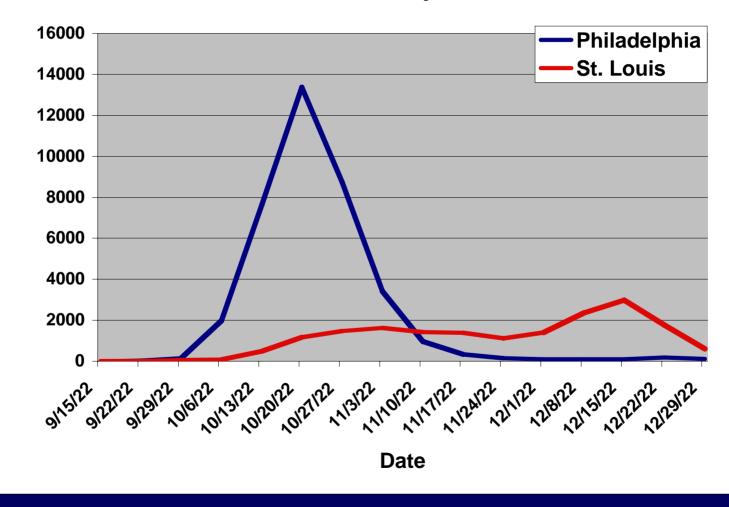
A Tale of Many Cities: What Could History Teach Us?

1918 Outcomes by City

City	First Cases	Death Rate	
Boston	8/27/18	5.7	
Philadelphia	By 9/11/18	7.4	
New Haven	Week of 9/11/18	5.1	
Chicago	9/11/18	3.5	
New York	Before 9/15/18	4.1	
Pittsburgh	Mid-9/18	6.3	
Baltimore	9/17/18	6.4	
San Francisco	9/24/18	4.7	
Los Angeles	"Last days 9/18"	3.3	
Milwaukee	9/26/18	1.8	
Minneapolis	9/27/18	1.8	
St. Louis	Before 10/3/18	2.2	
Toledo	"First week 10/18"	2.0	

Death rate from influenza and pneumonia / 1000 population: "Causes of Geographical Variation in the Influenza Epidemic of 1918 in the Cities of the United States," *Bulletin of the National Research Council*, July, 1923, p.29.

1918 Death Rates: Philadelphia v St. Louis



Weekly mortality data provided by Marc Lipsitch (personal communication)

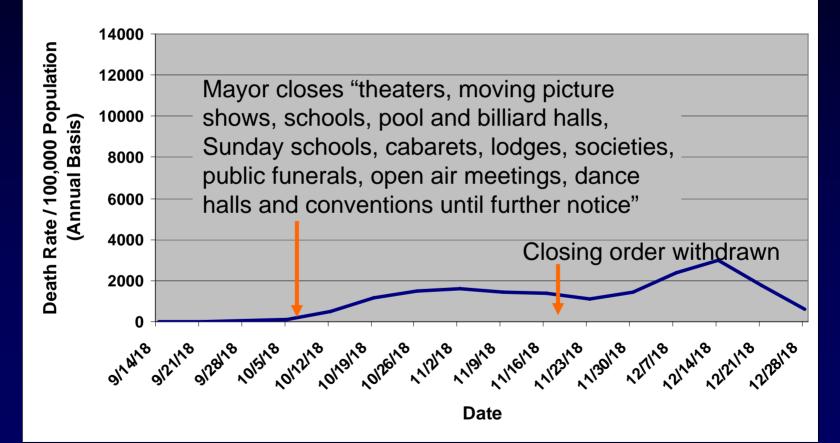
Liberty Loan Parade - Philadelphia September 28, 1918

Photo # NH 41730 F5L aircraft hull in Liberty Loan parade in Philadelphia, 28 Sept. 1918



St. Louis

St. Louis



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Community Mitigation Strategies Carry Consequences That Should Be Anticipated and Incorporated into Pandemic Planning

- Economic impact and potential disruption of services due to absenteeism
- Issues associated with school closure and sequestration of children including interruption of school meals
- Disproportionate impact on vulnerable populations

These and other consequences may occur in the absence of community-wide interventions, as a result of spontaneous action by the public.

Willingness to Follow Recommendations

• Stay at home for 7 -10 days if sick 94% All members of HH stay at home for 85% 7 -10 days if one member of HH sick Could arrange care for children if 93% schools/daycare closed 1 month Could arrange care for children if 86% schools/daycare closed 3 months Keep children from gathering outside 85% home while schools closed for 3 months Would avoid mass gatherings for 1 month 79 – 93%

Poll results from representative national sample of 1,697 adults conducted in September-October, 2006 by Harvard School of Public Health Project on the Public and Biological Security

School Lunches

% of those with responsibility for children under age 5 in daycare or age 5-17

Get free breakfast or lunch at school or daycare



If schools were closed for three months, how much of a problem would it be that these children could not get these meals

Major problem	Minor problem	Not a problem
13%	21%	66%

Poll results from representative national sample of 1,697 adults conducted in Sept-Oct, 2006 by Harvard School of Public Health Project on the Public and Biological Security

Individual, Family, and Community Response to Pandemic Influenza



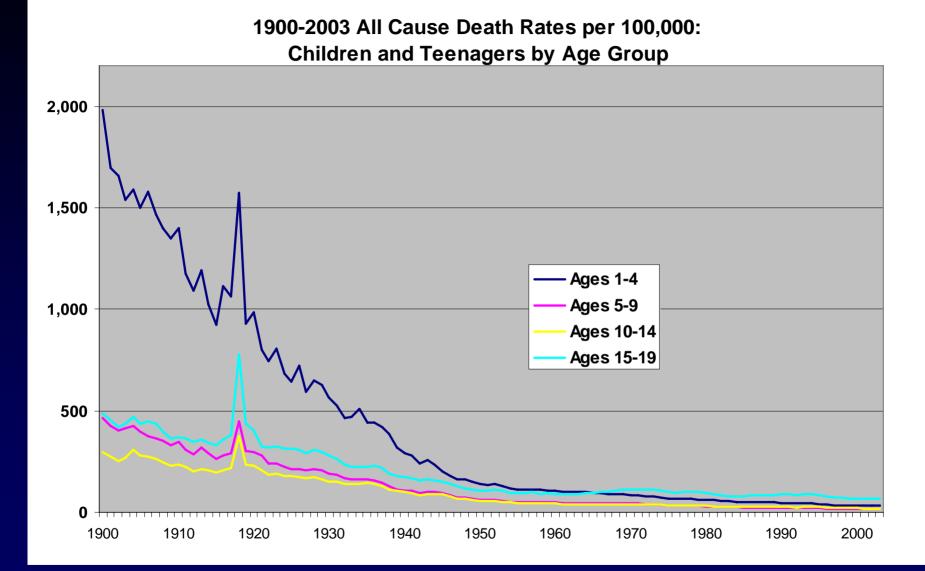
Closing Thoughts

Leadership

Imagination

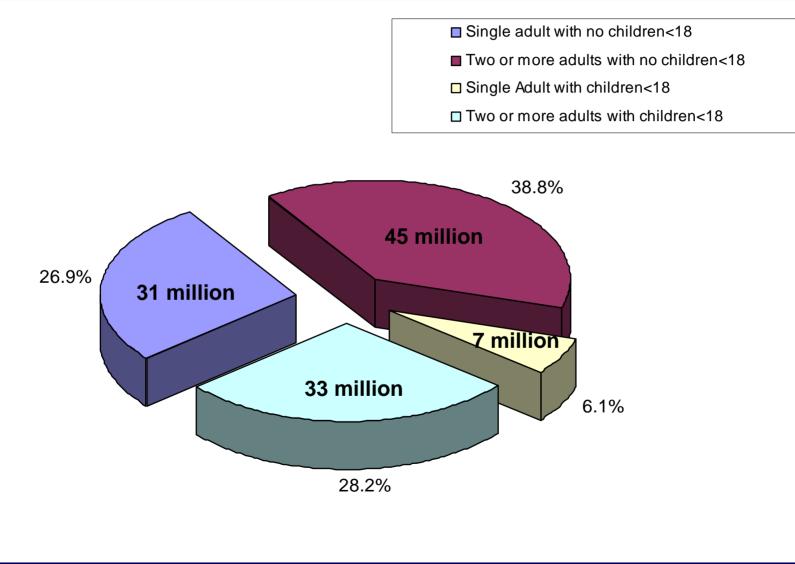
Resilience

Additional Information



Source: U.S. Vital Statistics

Household Survey Data 2006



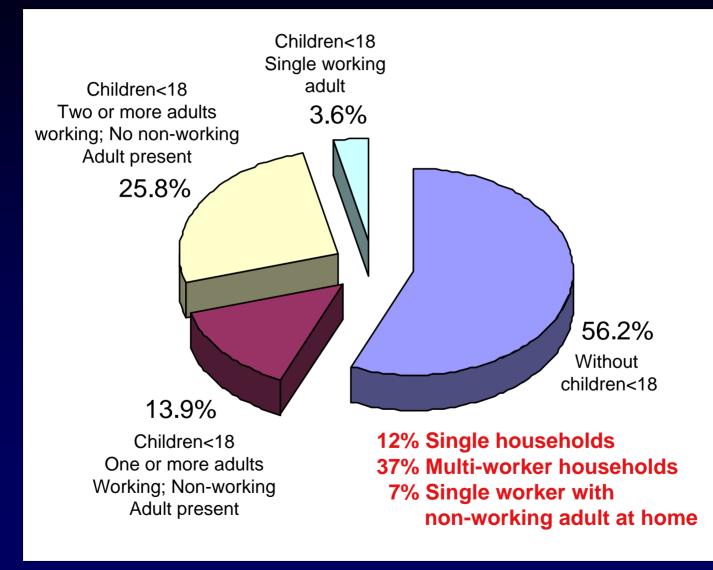
Source: Department of Labor, Office of the Assistant Secretary for Policy calculations from Current Population Survey microdata.

Household Survey Data August 2006

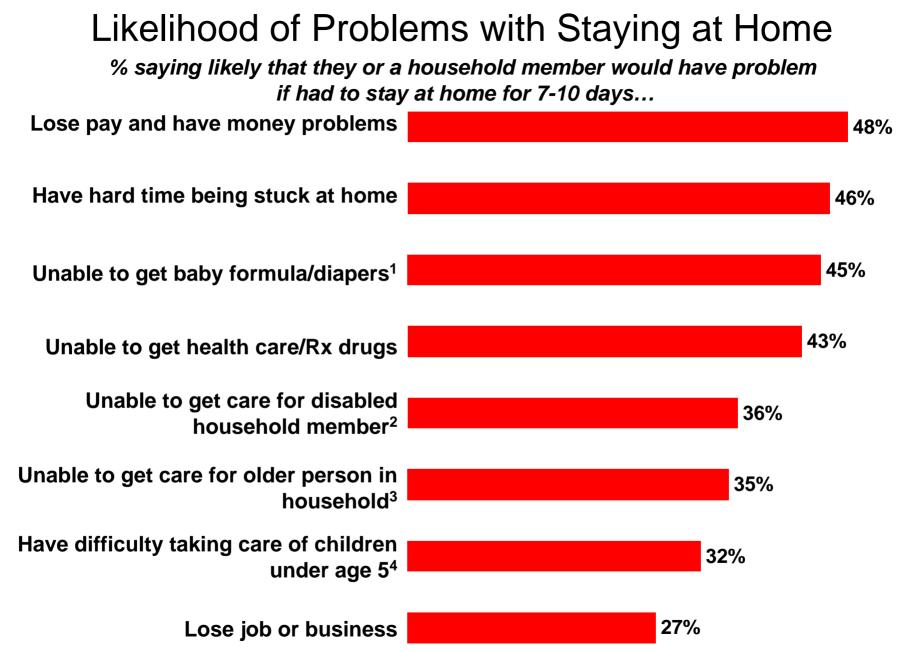
Household Survey	Households (millions)	Households: All Employed (millions)	Households: Some Employed (millions)	Households: None Employed (millions)
No children<18				
Single adult in HH	31.2	17.2	-	14.0
Two adults	35.7	15.4	10.1	10.1
Multiple adults	9.4	3.2	5.5	0.7
Total	76.3	35.8	15.6	24.9
Children under 18 years				
Single adult in HH	7.1	5.1	-	1.9
Two adults	24.8	14.3	9.2	1.3
Multiple adults	7.9	2.5	5.1	0.3
Total	39.8	22.0	14.2	3.5
Total	116.1	57.8	29.8	28.4

Source: Department of Labor, Office of the Assistant Secretary for Policy calculations from Current Population Survey microdata.

Workforce Distribution by Presence of Children and Non-Working Adults



Source: Department of Labor, Office of the Assistant Secretary for Policy calculations from Current Population Survey microdata.

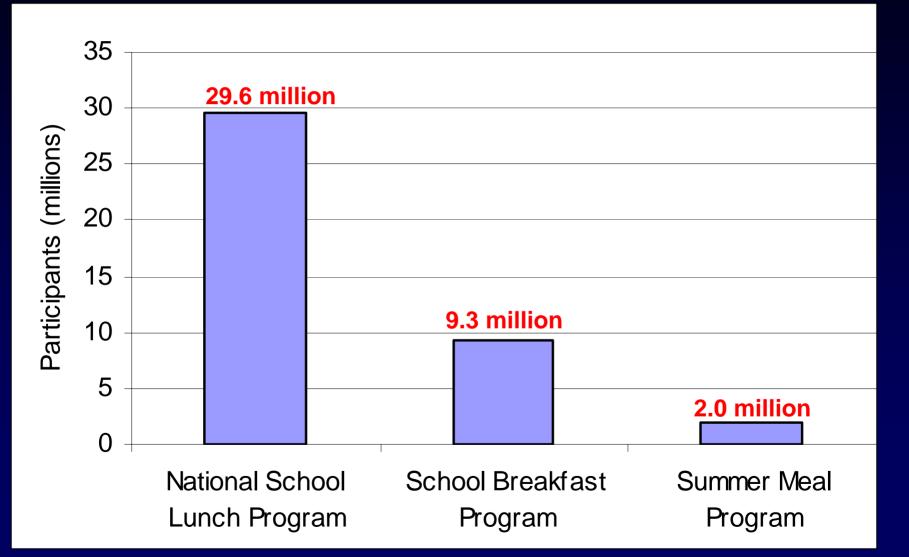


¹Among those who have major responsibility for children age 0-2 in household; ²Among those in households with disabled person; ³Among those in households with person age 65+; ⁴Among those with major responsibility for children under age 5 in household.

Feeding our Children School Meal Programs



School Meal Programs FY05



Source: http://www.fns.usda.gov/pd/cnpmain.htm

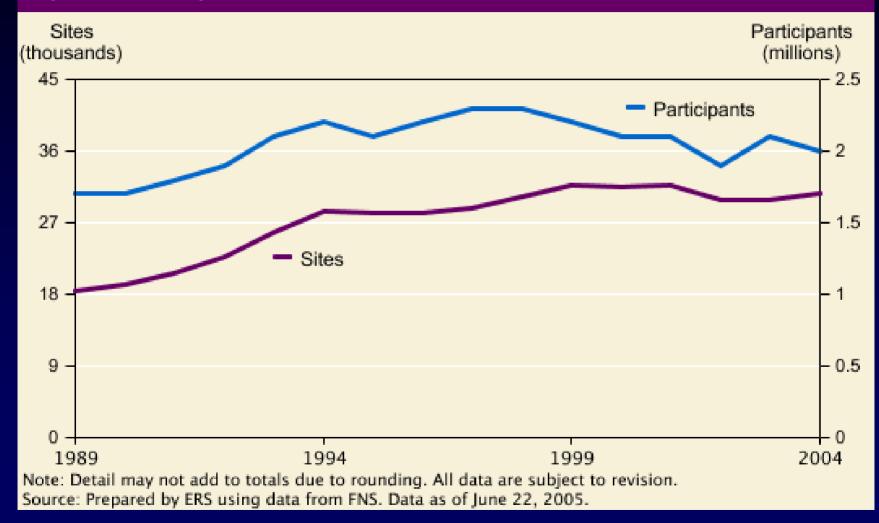
School Meals Sep-05 to Jul-06



Source: http://www.fns.usda.gov/pd/cnpmain.htm

Summer Meal Program

Summer Food Service Program distribution sites and average daily attendance in July, 1989-2004 (peak month)



Other Food Programs

Food Stamp Program

- -26 million participants
- -\$31 billion

• WIC

- 8 million participants
- \$5 billion

Child Care Food Program

- 3 million participants
- -1.8 billion meals
- \$2.1 billion

Source: http://www.ers.usda.gov/publications/eib6-2/eib6-2.pdf