Colorado's 2006 Pandemic Readiness and Emergency Planning Summit

March 24, 2006
Denver Convention Center
Denver, CO

Introduction

In December 2005, the U.S. Department of Health and Human Services charged all states with holding statewide summits focused on pandemic influenza preparedness and planning. On March 24, 2006, the Colorado Department of Public Health and Environment (CDPHE) organized such an event for Colorado where 1,100 federal, state, and local officials as well as community representatives to present planning, prevention, response and recovery strategies for an influenza pandemic as well as discuss the potential impacts on our communities; identify existing resources; and delineate government, community and individual responsibilities regarding preparations in Colorado. During the summit, twenty-four exhibitors provided information on state and local public health preparedness activities such as the planning, training, exercising, the Strategic National Stockpile, seasonal influenza campaign and hospital preparedness, volunteer opportunities with Citizen Corps and Red Cross and also agricultural and animal health preparedness activities such as planning, education, surveillance outreach and response. Following the summit, specific working sessions were held for public health/medical, businesses, agriculture/animal health and public information officers.

Goal:
The Colorado Pandemic Readiness and Emergency Planning Summit is being held to raise awareness among state, local and private sector leaders about the importance of planning now for a possible influenza pandemic. Federal and state officials will present strategies to prepare for, respond to, and recover from an influenza pandemic.

Objectives:

- Educate state, local, tribal, and business participants in the urgency for influenza preparedness in Colorado.
- Discuss and define partner roles and responsibilities in influenza preparedness.
- Identify resources available and needed, for influenza preparedness in Colorado.
- Establish examples of agency and individual roles, as needed in the influenza preparedness planning process.

Summaries for the federal and state presentations are not included in this document. All participants received a DVD from the Department of Health and Human Services where they may review the presentations in their entirety.

Federal and State Biographies

Michael O. Leavitt was sworn in as the 20th Secretary of the U.S. Department of Health and Human Services on January 26, 2005. As secretary, he leads national efforts to protect the health of all Americans and provide essential human services to those in need. He manages the largest civilian department in the federal government, with more than 66,000 employees and a budget that accounts for almost one out of every four federal dollars. Prior to his current service, Leavitt served as Administrator of the U.S. Environmental Protection Agency and Governor of Utah.

Bill Owens was sworn in as Colorado's 40th Governor in 1999. He was re-elected in 2002 with the greatest majority in Colorado history. Gov. Owens holds a master's degree in public administration from the Lyndon B. Johnson School of Public Affairs at the University of Texas.

Dennis E. Ellis was nominated by Governor Bill Owens on January 1, 2006 to be the executive director of the Colorado Department of Public Health and Environment. Mr. Ellis holds a bachelor's degree and a law degree from the University of Wyoming. He also pursued studies at George Mason University's Institute of Conflict Analysis and Resolution.

Charlie Dickinson, Deputy United States Fire Administrator, United States Fire Administration within the U.S. Department of Homeland Security's Emergency Preparedness and Response Directorate was appointed to his current position in April 2002. Chief Dickinson began his 37-year fire service career as a firefighter in 1962 in the city of Hayward, California, Fire Department that is located near Oakland. Rising through the ranks, he was promoted to Battalion Chief in 1981 and served his last 3 years in the Hayward Fire Department as the city's Emergency Services Coordinator. In 1986, Chief Dickinson was appointed as an Assistant Chief in the Pittsburgh, Pennsylvania, and Bureau of Fire. In September of 1988, he was appointed as Pittsburgh's Fire Chief and served in that capacity for 10 years leaving the Bureau at the end of 1998.

Roger Perkins, DVM, has been the Colorado Area Veterinarian in Charge for Animal and Plant Health Inspection Service, Veterinary Services since November 2004. He graduated from Kansas State University, College of Veterinary Medicine and practiced rural veterinary medicine in western Kansas for 22 years in a primarily beef cow-calf practice. Dr. Perkins is board certified in theriogenology. In 1991 he joined Veterinary Services and worked for several years with the National Center for Import and Export staff before assuming his current role in Colorado.

Ned Calonge, MD, MPH, is the Chief Medical Officer of the Colorado Department of Public Health and Environment. He is also the State Epidemiologist and the Executive Director of State Bioterrorism Preparedness. Dr. Calonge is an Associate Professor of Family Medicine and of Preventive Medicine and Biometrics at the University of Colorado Health Sciences Center and President of the Colorado Board of Medical Examiners. Previous to his appointment at the Department of Public Health and

Environment in January 2002, Dr. Calonge was the Chief of Preventive Medicine and Research for Kaiser Permanente of Colorado. Dr. Calonge received his BA in Chemistry from The Colorado College in Colorado Springs, his MD from the University of Colorado in Denver and his MPH from the University of Washington in Seattle; he is also board certified in both Family Medicine and Preventive Medicine.

Jane Norton, was sworn in as Colorado's 46th Lieutenant Governor in January of 2003. Prior to becoming the Lieutenant Governor, Norton served as Executive Director of the Colorado Department of Public Health and Environment. She also served Presidents Ronald Reagan and George H.W. Bush as regional director of the U.S. Department of Health and Human Services and was a member of the Colorado House of Representatives. Mrs. Norton earned a Bachelor of Science Degree with Distinction in Health Sciences from Colorado State University, and a Master of Science Degree in Management from Regis University, Denver.

John O. Agwunobi, MD, MBA, MPH, Assistant Secretary of Health, U.S. Department of Health and Human Services was confirmed on December 17, 2005. Dr. Agwunobi serves as the Secretary's primary advisor on matters involving the nation's public health. He also oversees the US Public Health Service and its Commissioned Corps for the Secretary. Before becoming the ASH, Dr. Agwunobi served as Florida's Secretary of Health and State Health Officer, under Governor Jeb Bush, from October 2001 to September 2005. Before moving to Florida, Dr. Agwunobi was Medical Director and Vice President of Medical Affairs and Patient Services at the Hospital for Sick Children, a Washington, DC-based pediatric rehabilitation hospital and community health care provider. Dr. Agwunobi holds a Master of Business Administration degree from Georgetown University in Washington, DC, and a Master of Public Health degree from the Johns Hopkins School of Public Health in Baltimore, MD.

Panelist Biographies

Emergency Response Panel

Chris Urbina, MD, MPH currently serves as the Director of Denver Public Health. Dr. Urbina grew up in Pueblo, Colorado; received his undergraduate degree from Stanford, received his medical degree from the University of Colorado School of Medicine and then received his Master's in Public Health from John Hopkins. Most recently, Dr. Urbina lived in New Mexico and was the Associate Chair of the Department of Family and Community Medicine at the university. He is board certified in preventive medicine, public and family practice and served in the public health division of their state's public and environmental department.

Keith Roehr, DVM, Colorado Assistant State Veterinarian, was raised on a family farm in western Kansas where he irrigated corn and wheat and ran small cow/calf and swine operations. Dr. Roehr has been with Colorado Department of Agriculture, State Veterinarian's Office since 1995 and has been the co-chairperson for the United States Animal Health Association, Committee on Animal Emergency Management since 2005. Before this, Dr. Roehr received his doctor of veterinary medicine from Kansas State University in 1981. He managed a private veterinary practice in mixed and small animal practices from 1981-1995.

Randy Kuykendall, MLS, NREMT-P, joined Colorado Department of Public Health and Environment in November 2004, after serving as the Emergency Medical Service (EMS) Education Program Coordinator for Pueblo Community College. His professional life began as a firefighter/ emergency medical technician (EMT) for the city of Las Cruces in New Mexico and culminates in 25 years of providing pre-hospital care as an EMT and Paramedic. He is former chairman of the National Council of State EMS Training Coordinators, Inc., spent eight years as State EMS Training Coordinator/EMS Program Operations Manager for New Mexico Emergency Medical Services Bureau. Randy has served a leadership role on Colorado and New Mexico statewide EMS advisory councils, chaired the New Mexico EMS Licensing Commission as well as the New Mexico statewide EMS 2000-2005 planning effort.

Erik Nilsson started his affiliation with Larimer County shortly after graduation from Colorado State University in 1970 with a degree in history as a call -when -needed member of the Sheriff's Office Emergency Services Unit as a wildland fire fighter and member of Larimer County Mountain Rescue Team. He has participated in almost every significant county emergency or natural disaster since well before the Big Thompson Flood of 1976. Although he has a law degree from Creighton University, he has elected to spend his professional career in Emergency Services and Management and has been the Emergency Program Manager for Larimer County since 1992. He currently serves in several capacities with, among others, the Larimer County Volunteer Organizations Active in Disaster, the Local Emergency Planning Committee for Larimer County, as deputy Emergency Management representative for the Northeast Colorado All Hazards Region as well as participation on the Steering Committee for Pandemic Planning with the Larimer County Health Department.

Susan Mazula, BSN, CIC, COHN, has been a registered nurse for over 30 years and has a Bachelors of Science degree in nursing. She has been a certified Infection Control Practitioner for the past 15 years, actively participating in hospital based infection control. Additionally, she is also a Certified Occupation Health Nurse; managing Employee Health programs for hospital based services for the past 7 years. She is a current member and past president of the Mile High Chapter of the Association for the Practitioners of Infection Control and Epidemiology. She is currently the Interim Director for Quality Management & Risk Management and the Manager of Infection Control/Employee Health/Workers Comp at Swedish Medical Center in Englewood Colorado.

Community Leader and Business Panel

Chips Barry, JD, graduated cum laude from Yale College in 1966 and obtained a law degree from Columbia University Law School in 1969. Chips has been involved in natural resources and water issues since 1969, as either a practicing attorney or as a state or city official. Before becoming Manager of the Denver Water Department, he was in Governor Romer's cabinet as Executive Director of the Department of Natural Resources. He began his tenure as Manager of the Water Department in January 1991. In the last 20 years, Chips has made more than a hundred public presentations on western water policy, water development, public land management, mining, and the interaction of state, local and federal government in western resource issues.

Christine Benero, ME, is the Chief Executive Officer of the American Red Cross Mile High Chapter, in Denver, Colorado. The American Red Cross, a humanitarian organization led by volunteers, provides relief to victims of disaster and helps people prevent, prepare for and respond to emergencies. The Mile High Chapter serves thirteen Colorado counties and is responsible for 60per cent of the population of Colorado. Before joining the American Red Cross, Ms. Benero was the Director of the Office of Public Liaison for the Corporation for National Service in Washington, DC. Ms. Benero served in two Presidential administrations working for both Presidents Bill Clinton and George W. Bush. Ms. Benero has served as Vice President of the National Civic League, a national nonprofit organization committed to civic renewal and community-based democracy. Ms. Benero holds a Bachelor of Science degree in Special Education from Boston University and a Masters in Education from Harvard University, Graduate School of Education.

Wade Cloyd, MBA Aviation, is the Operations Manager of Denver International Airport. Wade holds a degree as Master of Business Administration in Aviation from Embry-Riddle Aeronautical University. The City and County of Denver have employed him for twenty years having served at Stapleton International Airport and at Denver International Airport.

Linda McGill is Director of Human Resources of RockResorts International, LLC, the luxury-lodging subsidiary of Vail Resorts, Inc., where she is responsible for the general human resource management and training operations. In addition, Linda is also director

of Human Resources of Vail Resorts lodging Company, which manages the hospitality portfolio of Vail Resorts other than its luxury properties. She joined RockResorts/Vail Resorts Lodging in January 2002. Before joining RockResorts, Linda was the Manager of Talent Acquisition for Marriott International and before that assignment; she was Director of Human Resources for Denver Marriott City Center and Denver Marriott Tech Center. In her 20-year career with Marriott International, she held numerous positions in Human Resources, Training and Food and Beverage operations.

Nancy Severson is the Manager of the Department of Environmental Health (DEH) for the City & County of Denver. The mission of department is to promote healthy communities and, with our partner Denver Public Health, to provide essential public health services for Denver's residents. Prior to joining the City in 2004, Nancy worked as an independent health care consultant, served as Vice President & General Counsel for Lutheran Medical Center, now known as Exempla Healthcare, in Denver, Colorado, and was a partner of Holme Roberts & Owen, LLP, an international law firm, in their Denver, Colorado office. Nancy has served on numerous boards and commissions and has been a frequent speaker on various health care topics.

Emergency Response Panel Summary

Facilitator: Ned Calonge, MD, MPH, Chief Medical Officer, CDPHE

Chris Urbina — Using federal guidelines as a checklist, U.S. Department of Health and Human Services has developed a pan flu plan that is currently being shared with local partners, and state and federal health agencies. Drawing upon occupation health training and exercising, and work done on surge capacity with hospital experiences, the plan has proven an effective tool in many trainings and medical triaging needs.

Summaries of questions and answers from Dr. Urbina's presentation follow:

Q: If there are one or many cases, how will we prepare and integrate plans into the community.
A: Each community has existing partnerships with health departments and laboratories in metro and rural areas.

Q: Vulnerable populations include people with limited English proficiency, the elderly, the physically fragile, or economically isolated citizens, as an example. Are plans being made to reach these groups?
A: Working through community organizations, law enforcement and other state, county and municipal organizations, plans are being developed to address citizen and community needs, and specifically to aid vulnerable populations.

Susan Mazula — Summaries of questions and answers from Ms. Mazula's presentation follow:

Q: How to decrease the spread of respiratory contamination through better hygiene practices.
A: When working with patient placement, it is advisable to avoid the spread of infection through isolation, or patient social distancing. Barriers to this goal can include overcrowding, and other overwhelming circumstances. We know the use of masks and vaccines are important in the caring for patients, and help reduce the spread of illness considerably. Personal Protective Equipment will play an important role in reducing the spread of illness to health professionals as they care for patients. These professionals will also benefit from information providing guidance on how to protect them when in public, such as simple hand hygiene. There is no such thing as immaculate infection.

It is also important to recognize that patients in hospitals are the tips of iceberg. Many people will be non-symptomatic, and we tend to let down our guard. Daycare is another issue, how will people work if they have to take care of their children.

Another effective way to control the spread of disease is with negative pressure units. It may well be possible to turn hospital rooms into negative pressure units. An important

part of planning will be to evaluate electrical systems to ensure they are able to handle the added demands required during surge needs.

Randy Kuykendall — Emergency medical services are generally confined to a particular location. Needs are very diverse and include challenges in the communication of accurate and reliable information, not only to state and local health departments, but also to EMS personnel in backs of ambulances.

Emergency medical services will interact with all-hazards; staff is currently being trained into the National Incident Management System. This training will provide staff with a common language with which to work with other emergency responders. One of the areas of concern is people in rural areas where there may only be one nurse who is overwhelmed or sick, what then? Where will these communities find additional resources. EMS personnel are able to assist in medical needs under such circumstances.

Keith Roehr — Avian influenza is a disease that has not mutated to humans, and hopefully will never do so. We know that countries with infected bird populations so far have not developed plans to eradicate the virus. Colorado is currently working to create barriers between wild poultry and production poultry. A task force is developing systems to test for Highly Pathogenic Avian Influenza and Low Pathogenic Avian Influenza. If avian influenza is detected, it is a priority that we protect first responders and people working within the poultry production industry. Preparedness will include ensuring enough first responders trained in avian virus containment and eradication to meet statewide needs.

Erik Nilsson — Q: Where is the jury leaning on masks, yay or nay, are masks useful? Should we stockpile masks?"
A: Any barriers we put between infectious diseases and humans are good. Hand washing is the first barrier, next are masks for coughing, and finally wearing gloves when caring for patients. Though wearing a mask is not a scientific issue, when placed on infected patients, masks can keep aerisolization from occurring. Personal Protective Equipment N95 masks are appropriate for use by first responders, but is not recommended for use by the general pubic because mask use requires fit testing and training.

Nancy Severson — Q: What is being done about urban area birds and animals.
A: For obvious reasons, concentrations of state veterinary resources will be more centered in rural areas. We are however, working to address urban needs, such as zoos. *(Keith Roehr, DVM interjected that the State Agriculture Department is collaborating with many organizations including animal control. In addition, the Avian Influenza Task Force is coordinating with many groups to organize responses to various pandemic needs. Dr. Roehr observed that during the Newcastle disease outbreak, the veterinary community was able to adapt to urban settings.)*

Q: What ethics are in place for resource allocation?
A: Faith based hospitals are taking the lead on this discussion, with input from medical societies and universities. Recently, the University of Colorado Health Sciences Center held a collaborative bioethics conference to discuss this issue.

Q: Speakers talked earlier about planning to slow the wave of infections. What about the homeless population who are mobile and not easily contained?
A: The homeless are a special needs population under discussion. There is no checklist for homeless shelters, however Denver Health already deals with tuberculosis, and so they have very good pre-existing relationships with homeless shelters. This relationship extends to influenza planning.

Q: There is a mobile van to provide care to migrant poultry workers. Is there a plan to deal with getting them vaccinated?
A: The veterinary community has identified poultry workers as an at risk population and as needing Personal Protective Equipment and vaccinations. Local health departments will administer vaccines and plans are underway to deliver mass vaccinations to both large and small populations.

Q: I am bugged by how we switched reporting, we do not have to report influenza unless the case is hospitalized, and this is a problem for surveillance. What sort of absenteeism do we have to have before closing school?
A: There is no current established definition, but the decision to close schools would be made in concert with local leaders. Local university officials would need to be involved in that discussion. It would be a fluid discussion.

Community Leader and Business Panel Summary

Facilitator: Jane Norton, Lt. Governor, State of Colorado
Jane Norton asked the panel, "Given the possibility of pandemic, what things has your organization done to prepare, how can this issue be addressed?"

Chips Barry — Although Denver Water is not a first responder, we are aware that public health cannot be maintained without good water. Our question to ourselves was, how would Denver Water provide clean water in the midst of an epidemic.

We realized up to 40 percent of our workers might not be available to come to work. We did some careful critical analysis through the development of a matrix of essential jobs and identified 80 positions required to maintain a supply of clean water to Denver water users. This includes water treatment operations, treatment control, and accounting personnel. We are also developing a three-week training program to train our staff into essential services, a training that will be launched as soon as the first human-to-human transmission occurs.

We are committed to not closing the water department; and to this end, we have also stockpiled gloves, masks, and alcohol sanitizers. The only area of concern to us is the supply of chlorine, which is essential to the treatment of water. Homeland Security ahs classified chlorine as a hazardous chemical, and no longer allows us to order a six-month supply. This question is still open.

Christine Benero — The Red Cross serves everyone, therefore, what is our role and what are our expectations for public education and information. What would our service delivery of bulk foods be?

First, we have a commitment to disseminate information from agencies and the government, and to provide them with recommendations. An informed public is essential reducing risk. Keeping in mind population diversity is essential to the development of public information and education, we have developed a Family Care giving program, which is self directed, and self led, via DVDs. Modules can be mixed and matched to educate persons on how to care for a loved one who are sick and at home.

Second, we are developing ways to assist with feeding masses through bulk distribution of food for homebound individuals. We know traditional delivery systems will not work, due to scattered populations, and isolated individuals. Supplies and food are traditionally delivered through shelters and other mass delivery sites. We are concerned about a lack of volunteers, and are working to educating current volunteers on how to care for their families while serving the Red Cross.

Wade Cloyd —The Denver International Airport (DIA) has a crisis management committee with Denver emergency responders and the Red Cross. Through the exposure to the SARS situation, DIA experienced a precursor to a pandemic. This knowledge is

being used to collaborate with state health, and develop other relationships with state. DIA is assisting state health by handing out brochures to passengers, and is in current discussions concerning the containment of infectious disease. Cooperation is key.

Last year, a situation developed in which a woman developed a rash that got worse and worse, so DIA had to prevent the plane from deplaning, and called paramedics for medical assistance. We will also begin using Personal Protective Equipment when dealing with infectious situations as another barrier to further disease transmission. Ned Calonge, MD, MPH, Colorado's Chief Medical Officer has also consulted with us to developed plans to deal with infectious diseases of all kinds. DIA has established a protocol that is constantly changing as needs develop.

In November, we hosted the Centers for Disease Control and Prevention (CDC) for two days, along with customs and border protections. We used our emergency plan and ran an exercise. Our relationships with CDC and the state are on going and extremely helpful to our effectiveness in the containment of disease. We get useful answers to technical questions that help us keep Denver citizens safe.

Linda McGill — When people arrive at one of our hotels, they check into the hotel with full confidence that the staff is prepared to provide whatever care is needed. Guests and employees do become ill, and it is not difficult to pass that illness along. For this reason we have a strong focus on educating staff about preventative measures such as hand washing and immunizations. We also have a crisis communications team that is prepared to deal with a hotel full of sick people and trained to dispel rumors for both employees' and guests. We have procedures in place to deal with employee and guest emergency contact information. We are discussing cross training, and are identifying the key functions in hotel, what are our basic staffing needs, what jobs are essential and who will be cross-trained, and who can work from home.

Due to the diversity of our staff, we have to look at what level of education staffers has and in what language. How will we handle a quarantine situations involving employees and guests on short term or student visas, how would they get home, how would we care for those stuck in our hotel with no place to go? These are but a few of the problem we are addressing.

Nancy Severson — Denver's Office of Emergency Management has developed a solid plan. The disaster plan was updated and exercised during a natural disaster snowstorm. We are fortunately in that we have opportunities to exercise with partner agencies, our own agency, and with regional agencies.

Recently we had an exercise on the dirty bomb, which was a wake up call about the teamwork approach. We realized it was very important for our senior level briefing and training, management positions to take the IS 700 and 800 National Incident Management System training – which they all completed just today. This training gives our management a common language and management system that works with all responders.

We are also conducting numerous pandemic influenza trainings, and are coordinating city Public Information Officers (PIO), and agency PIOs, so that they can establish the joint information center, and we have hired an emergency manager with a great deal of experience.

What is the biggest challenge? Developing truly effective risk communications messages for the public. From the city's standpoint, we have a very important role, getting the word out to the public through news media coverage. This includes educating the public about an event or events that can occur. We must also reach special needs populations, using websites that are pre-prepared, the reverse 911 system, text messaging, email, and work with community partners like churches to contact their parishioners. We must have a coordination of effort, and that includes jails, shelters, and the homeless. We are still working on these issues.

The biggest lessons from SARS was that we have got to have ongoing timely accurate information, and public needs to know ahead of time that this will occur, communication about what to do, what to expect, who will respond. How will they undertake this interaction? They are working with local public health agencies, neighborhoods, state health, Red Cross and other organizations.

Q: Who is working with pharmacists, and medical professionals? Not one of the people I work with knew about this meeting. Why is there not some notification for them to conferences and trainings?
A: We try to communicate with everyone, but we apologize for not reaching everyone. We do have plans to include other care providers. We are trying to move through a graduated systematic plan, which also includes retired providers and providers who are not practicing. Training programs are designed to include them.

Afternoon General Question & Answer Session

Facilitator: Ned Calonge, MD, MPH, Chief Medical Officer, CDPHE

Panelists:
Mark Johnson, MD, MPH, Director, Jefferson County Department of Public Health & Environment
Chris Lindley, MPH, Emergency Preparedness and Response Section Chief, CDPHE
Cindy Parmenter, Director of Communications, CDPHE
Keith Roehr, DMV, Assistant State Veterinarian, Colorado Department of Agriculture
Joe Gargan, CPP, CFE, Security Manager, Brookfield Properties
Renny Fagan, Assistant Attorney General, Colorado Attorney General's Office
Barbara Beiser, Health Risk Communication Coordinator, CDPHE

Q: Do you have any local templates to use for quarantine and isolation orders? Are there any benchmarks for "quarantines?
A: Renny Fagan – You can use templates from local health departments as soon as you have your regulatory/statutory authority established. (i.e. Denver, El Paso)
A: Chris Lindley – We are starting to use the term social distancing instead of quarantine because quarantining is not as effective a measure on a large scale. Benchmarks will have to be determined within your own district

Q: So, is quarantine being used synonymously with social distancing? For example, in regards to quarantining for businesses?
A: Ned Calonge – (defined quarantine and isolation for the audience.) Please look at the business checklists on the pandemicflu.gov websites for guidance on keeping employees at home. At this time, guidance from the state is in the form of "suggestions" for keeping employees at home.
A: Mark Johnson – social distancing is a more palatable term than quarantine, especially when you are talking about children. However, the power is in the state statutes in regards to enforcing quarantine.

Q: What is the challenge for Public Information Officers?
A: Cindy Parmenter – getting information out quickly and broadly enough to all the communities that need it; public health structure has changed in the last 10 years, it has improved! Information needs to be CLEAR and widely distributed; needs to decrease panic; it is a challenge to get information to the media as quickly as the media want it.

Q: Are there executive orders for a pandemic and are they public?
A: Ned Calonge – the issue is that they are currently "DRAFT" orders; and we are concerned the public would be able to see vulnerabilities and gaps in plans; so no, they are not broadly available to the public at this time, but you can go on the state website and see what the orders generally cover.

Q: Do you have a sense for how pandemic flu planning and bringing the business community in is going? What are the best avenues for state agencies to do this?
A: Joe Gargan – We need to promote an awareness in the business community; they need to know that it is a possibility; we need to share business checklists; give more presentations to the business community.

Q: In terms of migratory birds and hunting, does this mean people should stop shooting and eating wild birds? How do the Attorney General and Department of Wildlife look at issues of hunting migratory birds and what about the folks that keep chicken flocks?
A: Keith Roehr -- Through the Colorado Avian Influenza Education and Surveillance Task Force there is a Q&A portion in the public education brochure that addresses these issues; the task force has also identified folks at different state agencies who can answer questions from the public, regarding dead birds. For backyard flocks we have received funding to develop rules and regulations for live bird markets. It is likely an emergency rule will be passed concerning testing and surveillance of commercial flocks. Kristy Pabilonia, DVM, Avian Disease Diagnostic Veterinarian, Colorado State University, has done some remarkable things with testing, surveillance and educating the public about birds.

Q: Are you aware of any documentation of H5N1 being transmitted from wild birds to humans?
A: Keith Roehr – no, only from domestic fowl.

Q: What steps are state and local governments taking for stockpiling fuel supplies?
A: Chris Lindley – nothing is being stockpiled at this time; gasoline and generators are not issues we have addressed yet.

Q: We are looking at developing a plan to reimburse private businesses. We are thinking in terms of "hoarding" gasoline. Hinsdale County is putting money toward gasoline and using hotels.
A: Rural counties understand they are on their own for food and food procurement, water and water procurement. Counties need to develop plans to deal with these problems, if they have not already done so. Following the Red Cross philosophy, communities must be self-reliant.

Q: Has anyone addressed wild bird rescue faculties?
A: Keith Roehr – Colorado Department of Agriculture is probably addressing this concern; this is certainly a doable task.

Laurie Baeten, DVM, Wildlife Veterinarian, Colorado Division of Wildlife is developing plans to communicate with the rehabbers; Laurie is responsible for determining the health of the wildlife in CO. Dead animals go to Laurie for evaluation and dead birds go to Kristy to test for H5N1.

Q: Has the state prepared messages for counties to deliver to the public?
A: Barb Beiser – We have posted messages developed at the federal level on our website, however, we need to meet with local public health to determine which pandemic influenza messages are important to communicate to their community

Q: What is the likelihood of using the reverse 911 systems?
A: Some counties have this ability, and some do not.

Q**: Is Health Insurance Portability and Accountability Act (HIPAA) a problem when doing surveillance of potentially exposed individuals?**
A: Ned Calonge – 'This is a public health issues, so the 512 exemptions clarify that public health is exempted from HIPAA rules in order for us to appropriately respond to panflu.
A: Mark Johnson – We will do whatever we need to do to protect the publics' health.

Q: What about developing alternative standards of care? (surge capacity). Do we do this on a local, county, or state basis?
A: Chris Lindley – excellent question; we know our medical system is already stressed in terms of surge; this is being looked at within our Colorado Department of Public Health and Environment, Emergency Preparedness & Response Program (EPR) section's strategic planning process

Q: Regarding a reduced work force – has anyone thought about feasible options to work from home and the impacts it will have?
A: Chris Lindley – In terms of Colorado Department of Public Health and Environment's Emergency Preparedness & Response section, we are currently working with state human resource divisions to determine how many folks could telecommute.

Medical and Public Health Breakout Session

Facilitator: Ned Calonge, MD, MPH, Chief Medical Officer, CDPHE

Ned: How do we prioritize of scare resources? How can involve experts from bioethics groups, medical societies, etc., and proactively make some of these tough decisions now?

Ned: How do we address medical surge capacity? We can increase the number of beds but how do we increase the number of medical personnel to staff the beds. Are we training volunteers to do basic medical tasks?

Q: Why don't we utilize more community volunteer groups, like civil defense, and have them train folks?
A: Local public health is working on community-based efforts and is starting to branch out into the community.

Ned: From the South East Asian experience, and current research, Tamiflu does not prevent mortality from H5N1; however it does seem to be effective for other influenzas. So, do we spend state resources on Tamiflu when the feds are telling us to do it? The good news is that there is not any Tamiflu to buy right now.

Q: Why are we stockpiling it then?
A: Cause it works for run-of-the-mill flu and could work in certain instances and it is the only thing we have right now. However, the research just is not there that it works however. The bottom line is not in yet. Should be spending money on mask, gloves and alcohol-based sanitizers

Q: Why aren't we spending the money on these huge public education campaigns?
A: We should be. We need to be promoting awareness in the communities and in businesses', and the best message is "Cover your cough and wash your hands."

Q: Are public education materials available?
A: We need to develop durable education materials (videos etc.) that can be used throughout the state, including materials for special populations (cultural and physical). We need to activate us to work in communities as often as possible. Pueblo public health has a video that is being developed for use in the community. There is also a checklist for groups like home health agencies for pandemic influenza planning.

Q: Is the standard of medical care going to change?
A: The standard of care is what is currently being provided in the community. From a malpractice standpoint, and from a medical standpoint, it is definitely going to change.

The draft executive orders do not really address the "standard of care" issue – The Governor needs to make a distinction and sign something that defines the rules have changed

Q: Before we get to capacity, someone needs to make a decision about what to do, when there is a disaster that we go into the "different standards of care mode"
A: Current planning efforts are addressing this issue

Q: In terms of liability, what about volunteers who are doing basic medical services?
A: We have approaches in place to look at these liability issues (i.e. learned a lot from Katrina); is the volunteer employed by FEMA? -- in which they are covered by the government, it is definitely an area we need to continue pursuing

Q: Are there statistics indicating if the H5N1 affects any particular age group? Would it be a good use of funds to do more public education showing healthy lifestyles and ways to avoid the flu?
A: We have no indicators showing a difference based on age. H5NI affects people working directly with infected poultry.

Q: Alternate standards of care (again) – In terms of everyday operations, we are already stressed out w/o having any influenza outbreak (i.e. shortage of ventilators). How do we ration items between patients? There are not very many models out there to use. Only thing that might be effective would be to use an objective scoring system for determining which patients get what – needs to be standardized between public health departments and medical facilities.
A: The state will need to take the lead in determining how we should proceed in this process. Who should the stakeholders be? Do we need representatives from the Regional Emergency Medical and Trauma Advisory Councils (RETAC), nursing associations, etc?

Q: What assurance do caregivers have that Personal Protective Equipment (PPE) is effective?
A: Right now, our Emergency Preparedness & Response section is using funding to work on the effectiveness of our PPE. The state plans to stockpile masks and gloves. We are currently working on storage issues and distribution plans for the stockpiles. The state is committed to providing health care providers the necessary tools they need to care for patients and remain safe themselves.

Q: How will the determination be made of who gets a ventilator? Who will make that determination, public health, emergency management?
A: We will work with RETACs and local communities to determine who gets resources. In metro area, we could potentially centralize intensive services (i.e. all patients needing intensive care, go to an intensive care unit center).

Q: Isn't a discussion about organ donations already under way? Who will benefit from the resources (i.e. ventilator, blood etc.)?
A: A uniform scoring system will be in place for these procedures. These answers will be determined before a pandemic. There might need to be a daily evaluation of patients and address the different phases of the pandemic

Q: In 2003-2004 and 2004-2005, several states in the mid-west drafted legislation that enforced standards of care. Have there been discussions at the state level about enforcing standards of care? Criminalizing those that did not comply? (i.e. docs giving vaccines to the wrong priority groups).
A. The State Boards of Health and Board of Nursing did not criminalize the health care delivery, unless it is malicious. Our goal is to give health care providers the necessary tools to provide the best care possible. We expect professional staffs to act professionally.

Q: What about smaller communities without any ventilators? How are we going to handle the transport of critically ill patients from these communities?
A: The Urban Area Security Initiative Medical /Public Health subcommittee has a plan to address these issues.

Q: In some smaller counties, such as Hinsdale County, a reverse quarantine is being considered (not letting folks into their town). What do you think of this option?
A: Communities definitely need to be self-reliant and NOT always rely on the state (or relying on the feds in terms of state needs).

Q: In terms of health care staff, do we need to start cross-training staffs to take over for others who become ill?
A: Cross training medical duties will be very difficult to accomplish. How will people maintain their skill level, waiting for a pandemic to occur?

Q: Will there be a need to have people available to setup and maintain ventilator functions and maintenance?
A: Denver Health is currently developing a task force for respiratory and ventilator standards. We are waiting to see if they will cross-train groups having various medical backgrounds, such as veterinarians.

Q: What is the plan to distribute the stockpiles of Tamiflu?
A: The state has an on-going strategy to distribute the Strategic National Stockpile (SNS). Plans either are in place or have a deadline for placement. The federal government has already developed guidelines for about 90 percent of the distribution strategy.

Diana Harris, CDPHE's Emergency Preparedness & Response Section, Preparedness Planning Coordinator, gave an overview of CDPHE's strategy for distribution to the nine all-hazards regions, and distribution at the county level through Points of Dispensing (POD). Ms. Harris' concern is "How are we going to keep the potentially exposed people away from the well people and keep them out of the hospitals?"

If an effective vaccine is developed, we do not know if the vaccine will be made available through the Strategic National Stockpile or regular seasonal influenza vaccine channels.

Q: Is the stockpile geared for an influenza outbreak, or a bioterrorism event?
A: The SNS is all-hazards, not one or the other.

Q: Are their detailed hospital plans for pandemic influenza?
A: At the state level, it is part of the plan to write the templates for hospitals (using CDC guidance) and to go through the hospital CEO and tailor to each hospital. Hospitals need to come together to work on this issue collectively.

Q: What about the American Hospital Association working on this for their members?
A: They do not have the resources to plan for this.

Q: What about home health agencies?
A: State is working on plans to engage hospitals in broader planning; they should already have emergency plans for the issues they work with.

Q: How long do we have to prepare before the first human-to-human transmission occurs?
A: We estimate 4-6 months. We will do everything possible to isolate the virus and prevent its spread. We will at least slow it down.

Q: Concerning laboratory capacity, will we be able to "weed" people out who do not have the flu, and thereby avoid stressing our laboratories?
A: Ned Calonge is very comfortable with our surveillance capabilities; we have a very quick turn-around, and are already typing H5 strains of the flu. We have a very effective laboratory capacity.

Q: Is pandemic influenza a seasonal thing?
A: No, pandemic influenza does not wait until winter.

Business Outreach Breakout

Facilitator: Chris Lindley, MPH, Emergency Preparedness & Response Section Chief, CDPHE

Q: How do we ensure that businesses and their employees understand the total impact and need to develop a checklist? The Health Department and PSA has so much to do in the business sector. How do we accomplish this objective?
A: The government is not painting a black enough picture. We cannot predict how long a workforce may be restricted from moving about Referencing the 1918 pandemic, how does the state plan to function if restrictions last 16 weeks and we experience 30 percent illness in country. This is bad news. How will Denver or surrounding communities deal with issues like where to get food, gas supplies, church. The key is for local governments to be prepared to shut down a city or community.

Comment – we appreciate the business community taking charge and addressing these issues, but how will we get to our families if we are shut down. We need personal family planning – we cannot isolate or quarantine. Critical issues a family preparedness checklist. What about chronic conditions? What about insurance plans? Are you working with insurance plans to get supplies of medications for chronic conditions? Are you working with insurance companies to get a 30-day supply of medications?

Point addressed earlier – How do we motivate businesses? We need a business continuity plan to develop leadership. Starting with a grass roots movement, how can a business allow their employees to work from home? What extra contingency plans, such as buying laptops, are in place? How can we best set ourselves? Regarding issue of day care – will employees bring children into the workforce? Any thoughts on how to address day care issues when bringing children into work is inappropriate.

Risk Manager - How do we get more employers involved with planning? What is the state going to do to encourage employees to develop family plans? What about Mountain States Employers Council? How do we get messages to employees? What is the methodology, how do we complete the planning packet? What is going to happen with worker compensation cases? What is the employer's responsibility or liability on Family Medical Leave Act?

Local event – Would you be willing to give incentives to businesses – forums to discuss laws, engage the business community and let more questions come out that will raise awareness.

Local financial institutions – How will people support their families if lay offs happen?

Unfortunately, we do not have money in the public sector to support or create emergency funds, and small businesses have limited funds.

Public Information Breakout

Brigid O'Connor, communication strategist, presented the "*The Savvy Factor*." Speaking about perceptions, reputations, and communicating in groups, Ms. O'Connor made the following observations.

Perceptions, Reputations, and Communicating in Groups
As we communicate with people, we are always concerned about the net impression people have of us. Brigid proposed that there are three elements contributing to perception:

- 7% consists of the content and information we share.
- 38% is our voice including tone, pitch and pace.
- 55% is our appearance including posture, grooming and maintaining eye contact.

First impressions are generally accurate nearly 70 percent of the time, so it pays to make a good first impression in the first 7 to 60 seconds of meeting or speaking with someone. Your first impression includes your "entrance" to your meeting or event.

Your reputation is based on your ability to build rapport with people and includes how you treat others. Think of your ability to "play nice in the sandbox." A good reputation is built on your ability to engage people in a comfortable manner and how well you can put people at ease in different situations.

One strategy to do this is "matching and mirroring" the person with whom you are speaking. Try to get in harmony with their communication style so that the talking and listening becomes easier for both of you. Your reputation will improve when you do not: interrupt, try to fill dead air, make inappropriate conversation, criticize or argue.

Brigid pointed out that your reputation will be impacted by how you treat three different types of people: those more important than you, those who are your equals, and those who are "less important" than you (pardon the expression). She suggested that in settings with those more important than you it is wise to initially defer comments until you can take a" read" on the other person. Use mirroring and matching to help you communicate appropriately. You do not want to be passionate and loud if the more important person is contemplative and quiet. When communicating with peers, she advises to always discuss things rather than argue, and go out of your way to be helpful and supportive.

Always compliment your equals when appropriate and congratulate their success. When you interact with those who, for lack of a better way to say it, are 'less important' than you, it is critical to greet them, help them, compliment them, listen to them and give them credit when it is due.

Many of us frequently have to communicate in groups, whether it is a networking situation, a presentation or a community meeting. Brigid recommends having a self-

introduction prepared that succinctly shares with people who you are. Make your self-inter-relatable and engaging. Give thought ahead of time to conversation starters. Be up to date on current events. Have good questions ready to ask of someone you meet for the first time. Being prepared for casual conversation will help put others at ease and will increase your reputation for being a well-informed communicator!

Public Information Officer Workshop

Facilitator: Barbara Beiser, MS, Health Risk Communications Coordinator, CDPHE

Barbara Beiser presented a quick overview of risk communication and joint information systems, and introduced an emerging public health emergency scenario for discussion.

The participants, who gathered in groups by region, talked about how they would address communication gaps as an avian influenza outbreak unfolded. The scenario involved two main issues: (1) perceived risk, as opposed to actual risk; and (2) coordination among responders involved in delivering information to the public.

Problems associated with perceived risk are a very real possibility as avian flu spreads worldwide. As we in public health know, the only influenza pandemic at this time is in birds. In the media blitz that we can expect when avian flu is detected in the U.S., it is highly likely that the message will be interpreted to mean that a human pandemic is imminent. That is where the bearers of public information will be challenged in the coming months.

Most regional groups agreed that a joint information response would be required early in the process. One group suggested that a joint information system should begin now, while public health has some control over the public information content.

Barbara Beiser concluded the session by inviting the participants to be a part of the interagency pandemic response planning process that has been underway since December. In addition, CDPHE is contracting for services from a group that has developed messages for the U.S. Department of Health and Human Services and CDC. In May, representatives from many disciplines, including public health, will be invited to meet and develop the messages we all need to respond effectively to requests for information about pandemic influenza.

Avian Influenza - Animal Health Breakout

Facilitator: Kathe E Bjork, DVM, MSPH, PhD, Epidemiology Consultant, CDPHE

Through testing of over 1,200 birds for avian influenza virus (and Exotic Newcastle Disease virus), to date highly pathogenic avian influenza virus has not been detected.

An overview of the Colorado State University-Veterinary Diagnostic Laboratory (CSU-VDL), including information on the Biosafety Level 3 facility, avian influenza/exotic Newcastle disease (AI/END) testing, lab proficiency testing and high-throughput testing capacities and VDL staffing. The CSU-VDL is a core National Animal Health Laboratory Network (NAHLN) Lab and is certified to perform the National Veterinary Services Laboratory/US Department of Agriculture (USDA) AI real-time polymerase chain reaction protocol.

Five new USDA cooperative agreements will provide funding for AI sample collection, surveillance, testing, education, increased biosecurity, etc. Three of the agreements are structured through the National Poultry Improvement Plan (NPIP) for commercial poultry, backyard poultry/ swap meets and Upland game birds. Two agreements are targeted at the live bird marketing system.

An overview of the Colorado Division of Wildlife's role in avian influenza sample collection and testing program was presented. To date, around 150 mallards and 150 turkeys have been tested for AI, with no highly pathogenic avian influenza virus detected. NAHLN labs will test wild bird samples. CSU-VDL will test all of the wild bird samples for Colorado, and may test samples from other states.

The new wild bird AI testing program, which involves the US Fish and Wildlife Service, US Department of the Interior, Colorado Division of Wildlife, USDA-Animal and Plant Health Inspection Service-Wildlife Services, NAHLN laboratories and other agencies information will be distributed in the next few weeks.

The sick/dead bird reporting protocol was discussed. All reports will be directed to the CO-HELP (Public Information) Line (1-877-462-2911).

Upon request, sample collection kits are currently being sent to CDOW, veterinarians, animal control, CSU Extension, zoos, bird sanctuaries, education centers, and public health epidemiologists. More kits will be sent as funding becomes available. Submission forms will be available on the website. CSU is working with DellRae to put together a sample collection demo CD to be sent with sampling kits and posted on the website.

It was discussed that pet birds are of major concern to the general public, and the need to educate the veterinary population and other bird facilities. An avian influenza-specific response plan for the NPIP is under development and a standing emergency poultry disease management committee will be organized.