



Purpose and Scope

Researchers at RTI International reviewed 49 states' pandemic influenza plans to identify inconsistencies and data gaps among state pandemic flu planning and preparations.

The RTI report was published in the September issue of *Emerging Infectious Diseases*, a journal of the Centers for Disease Control and Prevention.

Key Findings

- In general, state plans lack specificity regarding triggers to identify and declare a pandemic flu outbreak, or the immediate community measures that would be taken to contain one.
- Although states are consistent in assigning vaccination priorities, they differ in their plans to limit personal contact and other prevention guidance for their citizens.
- Only a handful of state plans include such surveillance efforts as monitoring hospital emergency rooms for flu-like illnesses.

Report Sponsor

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About RTI International

RTI International is an independent nonprofit research organization based in Research Triangle Park, North Carolina, that provides research and technical solutions to governments and businesses worldwide in the areas of health and pharmaceuticals, education and training, surveys and statistics, advanced technology, democratic governance, economic and social development, energy, and the environment. For more information, visit www.rti.org.

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Research & Policy Brief



Pandemic Flu Plans Need More Federal Guidance, Coordination

What the Study Found

Despite significant progress in planning for a possible pandemic influenza outbreak at the state and federal levels, states require additional direction and guidance from federal health officials as well as answers to epidemiological questions to adequately develop their pandemic flu plans. The United States Department of Health and Human Services (HHS) has issued guidelines to prepare for a flu pandemic, but much of the specific planning, problem solving and funding has been left to individual states. The current national pandemic influenza plan presents only a categorization and listing of steps, rather than explicit direction for the states.

The lack of central coordination has resulted in plans that do not include the specificity to effectively identify, declare and contain a pandemic influenza outbreak. This is a concern because controlling a future influenza pandemic or interpandemic will rely on each individual state's plan to vaccinate persons and detect and contain this disease.

All states agree to prioritize flu vaccine distribution during a pandemic to health care workers, people with chronic or high-risk medical conditions and the elderly, yet widespread disparities exist among the state plans in the specific steps required to implement a vaccination program. The lack of consistency among state plans also indicates confusion concerning practical containment measures in the community. State plans also lacked an agreed-upon definition of geographic clustering of cases or the number of people infected that would trigger the declaration of a pandemic.

The authors point out that some of the confusion among state plans stems from a lack of information. Key epidemiologic questions needed for pandemic planning remain unanswered, such as the typical ways the disease spreads within households and institutions under different conditions and whether early detection would lead to behavior changes or school or work absenteeism that could slow the spread of the disease.

Some of the problems result from the weak central direction from federal officials. The authors recommend more active communication and collaboration between federal, state, and local health departments to advance these plans and come up with an effective, coordinated multi-layered approach to pandemic influenza. Over the longer term, they advocate funding of studies of personal isolation and other behaviors that may protect citizens and populations from continued influenza transmission.