



The Florida Senate

Interim Project Report 2007-112

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Committee on Military Affairs and Domestic Security

PANDEMIC OUTBREAK PREPAREDNESS

SUMMARY

A pandemic is a disease epidemic spread over a wide geographic area. It is characterized by a new disease or a new form of an existing disease that is easily transmitted among a population that has little or no immune response.

Three deadly influenza pandemics erupted during the span of the 20th century. One, the 1918 Influenza Pandemic, may have been the deadliest single disease event in human history. The current H5N1 strain of Avian Flu has proven deadly but has not yet shown the ability for human to human transmission. However, it is genetically close to other strains that do possess human to human transmission capability. Mutation of this flu could potentially lead to another deadly pandemic. Modern lifestyles, global travel and the lack of appropriate vaccines and treatments could allow the spread of a world wide pandemic outbreak at any time, with little or no notice.

To prepare for the possibility of a pandemic, international, federal, state, local, tribal, and private sector entities are currently investing considerable planning resources as well as millions of dollars.

Both the federal government and Florida have developed pandemic strategies and implementation plans. However, preparations are far from complete. The current response to a pandemic outbreak would have to cope with insufficient stockpiles of vaccines and antiviral medications, societal disruption as an estimated 30% of the nation's population becomes ill, and severe economic loss as the result of both absenteeism and the public's reluctance to travel so as to minimize exposure to infection.

Florida has made significant progress in preparing for a potential pandemic, but there is still much remaining to be done.

BACKGROUND

What is a Pandemic?

Webster's II New College Dictionary defines pandemic as an epidemic over an especially wide geographic area.

The National Governors Association illustrates the danger of a pandemic this way: "History's greatest killer always has been disease. Smallpox alone has killed hundreds of millions of people, more than the Black Death of the Middle Ages and all the wars of the 20th Century combined. Even as some of history's most infamous scourges -smallpox, polio, tuberculosis- are brought under control through vaccines and antibiotics, others -AIDS, SARS, Ebola, Marburg, Monkeypox, West Nile Virus, Hantavirus- emerge."¹

Among the many diseases known today, the Asian strain of the H5N1 Avian Influenza, "Bird Flu," is viewed as having the greatest potential to develop into a pandemic.

Lessons of the 1918 Influenza Pandemic

The basic principles for preparing for a pandemic remain the same no matter what disease presents the threat. The pandemic premise is that a new disease or a new form of an existing disease emerges. The susceptible population has no natural or acquired immune defense. This lack of immunity allows the disease to spread rapidly.

In order to cope, scientists and medical professionals must first recognize that something new is presenting itself. The cause must be identified and isolated in order to develop effective medications or a vaccine. Initially the sick will only be able to be treated with whatever resources are then on hand. Developing

¹ National Governors Association, *Preparing For A Pandemic Influenza*, (Washington, DC, June 2006).

effective vaccines and medications usually takes at least 6 months or more to accomplish. Meanwhile, people will be dying, fear and panic may begin to spread among the population, and normal societal and economic activity will be dramatically disrupted. This is precisely what happened in the 1918 Influenza Pandemic.

To prepare for a pandemic, medical surveillance mechanisms must be put in place; plans must be made for containment, medical treatment, and continuity of operations; and supplies must be stockpiled.

In the modern era, influenza or flu is generally taken for granted. We get it, we feel bad for several days, and we get better. But even with annual flu vaccinations and modern medicine and technology, influenza in the United States results in approximately 36,000 deaths and 226,000 hospitalizations each year.²

Influenza remains a pandemic threat because of its ability to mutate into new and possibly more deadly forms. As John M. Bary describes it:

“Influenza is a viral disease. When it kills, it usually does so in one of two ways: either quickly and directly with a violent viral pneumonia so damaging that it has been compared to burning the lungs; or more slowly and indirectly by stripping the body of defenses, allowing bacteria to invade the lungs and cause a more common and slower-killing bacterial pneumonia.”³

“In 1918 an influenza virus emerged--probably in the United States—that would spread around the world, and one of its earliest appearances in lethal form came in Philadelphia. Before that worldwide pandemic faded away in 1920, it would kill more people than any other outbreak of disease in human history. ... The lowest estimate of the pandemic’s worldwide death toll is twenty-one million, in a world with a population less than one-third today’s. That estimate comes from a contemporary study of the disease and newspapers have often cited it since, but it is almost certainly wrong. Epidemiologists today estimate that influenza likely caused at least fifty million deaths worldwide, and possibly as many as one hundred million.”⁴

² Homeland Security Council, *National Strategy for Pandemic Influenza Implementation Plan*, May 2006, page 15.

³ John M. Bary, *The Great Influenza*, Penguin Books, (New York, 2005), page 35.

⁴ *Ibid.*, page 4.

The Threat of a Deadly Bird Flu Pandemic Has the World Preparing

Human deaths attributed to the Asian strain of the H5N1 Avian Flu virus have captured the attention of the world’s health professionals. This is the result of concern over a significantly higher than average mortality rate - (253 people to date have contracted the virus; almost 60% [148] have died as a result).⁵

So far, humans have contracted the H5N1 form of avian influenza virus primarily through direct physical contact with infected birds. There has been only one suspected case of human to human transmission.⁶ However, if the virus mutates into a form that facilitates human to human transmission, modern global transportation systems would provide a quick pathway for worldwide infection. Historical and scientific indicators point to the potential for such a worldwide pandemic flu outbreak. Scientific analysis of the H5N1 strain shows that it is strikingly similar in genetic coding to strains that are capable of direct human to human transmission.⁷ Mutation of the virus therefore could lead to the development of a highly transmittable pathogen.

Historically, three influenza pandemics occurred in the 20th century. Each resulted in illness to approximately 30% of the world population and death ranging from 0.2 to 2 percent of those infected. With current models of disease transmission, it is projected that a modern influenza pandemic could lead to the deaths of between 200,000 and 2 million people in the United States alone.⁸

As a result, international, federal, state, and local agencies are now actively engaged in pandemic healthcare and continuity of operations planning.

Project Objective

The objective of this project is to review state and federal planning operations and determine what, if any,

⁵ World Health Organization, *Cumulative Number of Confirmed Human Cases of Avian Influenza A/ (H5N1) Reported to WHO*, October 11, 2006. <http://www.pandemicflu.gov/>

⁶ Adriana Nina Kusuma, *Bird Flu Tests For Seven Villagers*, NEWS.com.au., Medan, Indonesia, August 2, 2006.

⁷ John M. Bary, *The Great Influenza*, Penguin Books, (New York, 2005).

⁸ Homeland Security Council, *National Strategy for Pandemic Influenza Implementation Plan*, May 2006.

legislative actions might be required to prepare for and respond to a pandemic outbreak.

METHODOLOGY

Interviews were conducted with Department of Health and Department of Community Affairs Division of Emergency Management staff. In addition, site visits were made to the Palm Beach County and Santa Rosa County Emergency Operations Centers. Committee staff participated in Department of Health sponsored training conference calls and observed meetings of the department's Emerging Events Team. Committee staff attended the October 12, 2006, State Agency Heads Influenza Pandemic Planning meeting sponsored by the Secretary, Department of Health (DOH) and the Director, Division of Emergency Management, the October 19-20, 2006 "Countdown to Preparedness" DOH Office of Public Health Preparedness quarterly meeting, and also performed an extensive literature search for this project.

FINDINGS

Planning For a Pandemic Will Be Difficult

The difficulty in planning for a pandemic is that both the time of arrival and form at arrival are unknown. Also unknown is whether currently available medications will be effective in treating the pandemic.

Given these unknowns, planners must try to make decisions on resource allocations, stockpiling supplies and medications, establishing priorities for available vaccines and medications, and conducting training and preparedness exercises before a pandemic arrives.

Planning can be simplified to an extent using, as Florida does, an "All Hazards" approach within the context of the National Incident Management System. But while there are similarities with other disaster responses, pandemics present many unique characteristics that will challenge planning methodology.

The Federal Government's Pandemic Strategy and Implementation Plan

In the aftermath of September 11, 2001, the federal government published the National Response Plan (NRP) to align federal coordination structures, capabilities, and resources into a unified, all-discipline,

and all-hazards approach to domestic incident management.⁹

If the NRP is the strategy for incident management, the National Incident Management System (NIMS) is the organizational framework. NIMS provides an incident command structure, organized by functional areas, to prepare for, respond to, and recover from domestic incidents whether they are deliberate, accidental, or the result of an act of nature.

Within this structure, the federal government has begun its planning for a pandemic outbreak, particularly in the context of an H5N1 Avian Flu outbreak. The U. S. Department of Homeland Security (DHS) fulfills the overall role of national coordinator within the NIMS framework. The U. S. Department of Health and Human Services (HHS) provides the functional expertise and is assigned lead agency responsibility for the public health aspects of pandemic planning and preparedness.¹⁰

The following time-line of published documents illustrates the federal government's current pandemic planning status:

November 2005 – The U. S. Department of Health and Human Services releases its *HHS Pandemic Influenza Plan*. This plan serves as a blueprint for all HHS pandemic influenza preparedness planning and response activities.¹¹

November 2005 – The Homeland Security Council releases the *National Strategy for Pandemic Influenza*. The document outlines how the federal government intends to prepare for, detect, and respond to a pandemic.¹²

May 2006 – The Homeland Security Council releases the *National Strategy for Pandemic Influenza Implementation Plan*. The *Implementation Plan* further clarifies the roles and responsibilities of governmental and non-governmental entities and

⁹ U. S. Department of Homeland Security, *National Response Plan*, (Washington, D. C., December, 2004).

¹⁰ U. S. Homeland Security Council, *National Strategy for Pandemic Influenza Implementation Plan*, (Washington, D. C., May, 2006), page 3.

¹¹ U. S. Department of Health and Human Services, *HHS Pandemic Influenza Plan*, (Washington, D. C., November, 2005).

¹² U. S. Homeland Security Council, *National Strategy for Pandemic Influenza*, (Washington, D. C., November, 2005).

provides preparedness guidance for all segments of society.¹³ This plan contains over 300 action items for federal agencies, assigning target completion dates generally between six and eighteen months after publication. The federal government thus hopes to accomplish its pandemic planning goals between November 2006 and November 2007.

Together, these three documents provide overall guidance not only to federal agencies, but also to state, local, and tribal governments in preparing their pandemic influenza plans.

The *National Strategy* is based on three fundamental pillars:

- *Preparedness and Communication*: Activities are undertaken to ensure preparedness and roles and responsibilities are communicated to all levels of government;
- *Surveillance and Detection*: Domestic and international systems are established to provide continuous “situational awareness,” to ensure the earliest warning possible to protect the population; and
- *Response and Containment*: Actions are taken to limit the spread of the outbreak and to mitigate the health, social, and economic impacts of a pandemic.¹⁴

Federal Government Pandemic Roles

The *National Strategy* assigns the following roles to the federal government:

- Advancing international preparedness, surveillance, response and containment activities;
- Supporting the establishment of countermeasure stockpiles and production capacity by:
 - Facilitating the development of sufficient domestic production capacity for vaccines, antivirals, diagnostics, and personal protective equipment to support domestic needs, and encouraging the development of production capacity around the world,

- Advancing the science necessary to produce effective vaccines, therapeutics, and diagnostics, and
- Stockpiling and coordinating the distribution of necessary countermeasures, in concert with states and other entities;
- Ensuring that federal departments and agencies, including federal health care systems, have developed and exercised preparedness and response plans that take into account the potential impact of a pandemic on the federal workforce, and are configured to support state, local, and private sector efforts as appropriate;
- Facilitating state and local planning through funding and guidance; and
- Providing guidance to the private sector and public on preparedness and response, in conjunction with states and communities.¹⁵

In fulfilling these roles, the federal government already has established programs for pandemic surveillance and monitoring both internationally and domestically. In addition, training and assistance is being provided to foreign countries like Singapore and Malaysia that are experiencing H5N1 Avian Flu outbreaks. Migratory bird monitoring programs are underway in places such as Alaska and Montana. Recently, a low-pathogenic version of the H5N1 avian influenza has been detected in migratory birds in Ohio, Michigan, Pennsylvania, and Maryland. This strain poses no threat to humans and differs from the highly-pathogenic Asian H5N1 strain.¹⁶ To date, no cases of the highly-pathogenic Asian H5N1 strain have been found in North American migratory birds.

Nationally, \$3.8 billion has been appropriated for federal Fiscal Year 2006 to support the budget requirements of the first year of the initiative. Most of the funding is directed toward domestic preparedness, the establishment of a countermeasure stockpile, and development of a domestic production capacity for vaccines. However, over \$400 million is directed to international efforts such as surveillance and training.¹⁷

¹³ U. S. Homeland Security Council, *National Strategy for Pandemic Influenza Implementation Plan*, (Washington, D. C., May, 2006).

¹⁴ U. S. Homeland Security Council, *National Strategy for Pandemic Influenza*, (Washington, D. C., November, 2005).

¹⁵ Id.

¹⁶ Reuters, *Low-risk H5N1 bird flu in Ohio wild birds – USDA*, October 14, 2006.

¹⁷ U. S. Homeland Security Council, *National Strategy for Pandemic Influenza Implementation Plan*, (Washington, D. C., May, 2006).

The Federal Government Has Made Certain Assumptions in Order to Guide Pandemic Planning

The federal government assumes the following characteristics of an influenza pandemic for planning purposes:

- The virus will have the ability to rapidly spread worldwide;
- There will be simultaneous or near-simultaneous outbreaks in communities across the U. S., thereby limiting the ability of any jurisdiction to provide support and assistance to other areas;
- There will be overwhelming demands on the healthcare system;
- Delays and shortages will occur in the availability of vaccines and antiviral drugs;
- Potential disruption of national and community infrastructures will occur including transportation, commerce, utilities, and public safety due to widespread illness and death among workers and their families and concern about on-going exposure to the virus (workers will stay home because of their own illness, to take care of family members, or out of fear that they might contract the virus.);¹⁸
- The clinical disease attack rate will be 30 percent in the overall population during the pandemic. Illness rates will be highest among school-aged children (about 40 percent) and decline with age. Among working adults, an average of 20 percent will become ill during a community outbreak;
- While the number of patients seeking medical care cannot be predicted with certainty, in previous pandemics about half of those who became ill sought care. With the availability of effective antiviral medications for treatment, this proportion may be higher in the next pandemic;
- Persons who become ill may shed virus and can transmit infection for one-half to one day before the onset of illness. Viral shedding and the risk of transmission will be greatest during the first 2 days of illness. Children will play a major role in transmission of infection as their illness rates are likely to be higher, they shed more virus over a longer period of time, and they control their secretions less well;

¹⁸ U. S. Department of Health and Human Services, *HHS Pandemic Influenza Plan*, (Washington, D. C., November, 2005).

- On average, infected persons will transmit infection to approximately two other people;
- Epidemics will last 6 to 8 weeks in affected communities; and
- Multiple waves (periods during which community outbreaks occur across the country) of illness are likely to occur with each wave lasting 2 to 3 months.¹⁹

Based on these assumptions, the federal government is now engaged in a major effort to prepare the country to respond to a pandemic threat.

Florida Began Planning For a Pandemic Early

Florida submitted its first pandemic preparedness plan to the federal Center for Disease Control (CDC) in 2001.

Florida has adopted the NIMS system to manage domestic incidents and continues to perfect its incident command system through a crucible of hurricanes, wildfires, and an actual anthrax attack. Since NIMS uses an “All Hazards” approach, pandemic preparedness planning has been easily adapted to fit the system’s framework. Under Florida law, Florida’s Division of Emergency Management serves as the overall coordinator for the state’s incident command system.²⁰ The Department of Health (DOH) is assigned lead agency responsibility for pandemic preparation.²¹

State and Local Pandemic Roles

The *National Strategy* calls for state and local entities to fulfill the following roles:

- Ensure that all reasonable measures are taken to limit the spread of an outbreak within and beyond the community’s borders;
- Establish comprehensive and credible preparedness and response plans that are exercised on a regular basis integrating non-health entities in the planning for a pandemic, including law enforcement, utilities, city services, and political leadership;

¹⁹ U. S. Homeland Security Council, *National Strategy for Pandemic Influenza Implementation Plan*, (Washington, D. C., May, 2006).

²⁰ Section 252.35, Florida Statutes (F.S.)

²¹ The State of Florida Comprehensive Emergency Management Plan 2006.

- Establish state and community-based stockpiles and distribution systems to support a comprehensive pandemic response;
- Identify key spokespersons for the community, ensuring that they are educated in risk communication, and have coordinated crisis communications plans; and
- Provide public education campaigns on pandemic influenza and public and private interventions.²²

Florida Has Made Progress in Planning For a Pandemic

Much has been accomplished at the state level to further pandemic preparation including:

- The Florida State Emergency Response Team has been designated as the Pandemic Influenza Coordinating Committee;
- Florida has developed a “*Florida Strategy for Pandemic Influenza Preparedness*” which is modeled after the *National Strategy*;²³
- The Secretary of the Department of Health has activated an Emerging Event Team for Pandemic Influenza. The team operates under the principles of NIMS and the Incident Command System;
- The State Emergency Response Team has initiated a coordinated planning effort to integrate pandemic influenza specific elements into the state’s Comprehensive Emergency Management Plan (CEMP) (due by January 2007);
- The Department of Health completed upgrading the department’s Emergency Operations Plan, Pandemic Influenza Annex in October 2006 in order to integrate the new national objectives;
- Florida conducted the “Florida Prepares” Summit in conjunction with HHS and other federal agencies to reach out to government, business and education partners in February 2006;
- Florida has completed the required CDC State Assessment and GAP Analysis for pandemic influenza readiness;

- Florida has developed a stockpile strategy for antivirals, personal protective equipment, and medical supplies and equipment; and
- Florida used a pandemic scenario for the 2006 Governor’s Executive Leadership Table Top Exercise.²⁴
- The Florida Department of Health has distributed a pandemic flu presentation kit to each county health department. The public presentation is designed to inform individuals and families about actions necessary to prepare themselves in case of a pandemic outbreak.²⁵

How Will Florida Respond to a Future Pandemic?

Florida possesses a robust incident management system. The system is well understood across the state and it has been tested during real events. Further, pandemic preparedness has the attention of governmental leadership.

At the onset of a pandemic, the following events/steps will occur:

Identification of the spread of a new disease will come either from bottom up or top down sources. Acute care clinics, physicians in their offices, or hospital emergency rooms will be the first to encounter the pandemic. If the pandemic begins in Florida, the initial indications will be reported into the state’s health surveillance system and will flow upward. If the pandemic begins outside of Florida, notification will flow to the state through the CDC in conjunction with the national health surveillance system.

The State Emergency Response Team (SERT) will activate to initiate incident command procedures. An Executive Order from the Governor will be signed to provide the legal authority to manage the response.

An immediate assessment will be conducted to determine if on-hand antiviral medications and vaccines will be effective in treating/preventing the disease. If a pandemic spreads as expected to 30% of the population, current stockpiles of antivirals will be inadequate to treat everyone who is infected. Vaccines will be in short supply and will take six months or

²² U. S. Homeland Security Council, *National Strategy for Pandemic Influenza*, (Washington, D. C., November, 2005).

²³ Florida Department of Health, *Florida Strategy for Pandemic Influenza Preparedness*, November 2005.

²⁴ This annual exercise for agency heads has been used by the Governor in the recent past to exercise emergency preparedness capabilities of the state government.

²⁵ Channing Bete Inc., *Pandemic Flu Preparedness for Individuals and Families, A Presentation Kit*, (South Deerfield, MA, 2006)

more to produce. Priorities for distribution of medications will have to be established in order to ensure that the most critical response functions can continue to operate.

A risk information system will be established. The public will demand credible information on which to base individual protective decisions. The absence of a risk information system could lead to individual behaviors that may add to the severity of the pandemic.

Decisions will be made by the Incident Command Team on what measures are instituted to help contain the pandemic spread. Containment measures include:

- Isolation – Applies to an already infected person. It can be done either voluntarily at home or within a healthcare facility if medical care is warranted;
- Quarantine – Applies to someone who has been exposed but is not showing symptoms of infection. It is usually voluntary but can be forced under the authority granted public health officials;
- Social Distancing – Involves measures taken to preclude gatherings of people in order to prevent the spread of infection. It can include cancellation of large group gatherings such as sporting events, school closures, instituting telecommuting or other means of working from home, and the closing of shopping malls and food stores.

Continuity of operations plans (COOP) will be activated to ensure that vital functions will continue to be performed. COOP plans are essential for the private sector which owns approximately 85% of the nation's critical infrastructure. Critical functions, in addition to healthcare, include water and waste-water treatment, utilities production, food and fuel distribution, and operation of communications and information technology systems.

The potential adverse economic impact of a pandemic is substantial. It is estimated that a severe pandemic outbreak would cause the U. S. economy to decline by five percent of Gross Domestic Product in the year it occurred. That decline would be the equivalent of \$500 billion in 2004 dollars.²⁶ As the result of the 2006 spread of the H5N1 influenza among bird populations, domestic poultry production in affected regions was

severely impacted. France reported a loss of over \$48 million a month in depressed poultry demand. Italy saw a 70% drop in the demand for poultry and poultry products.²⁷

Florida, with its poultry and an agricultural industry dependent upon migrant labor could expect to see similar impacts. Further, the tourism and travel industry would come to a virtual standstill, impacting both private sector revenue and tax based revenue.²⁸ Finally, economic productivity in general would be affected as workers are unable to go to work either because they are sick or caring for a relative or because their workplace has been closed as a result of social distancing.

A first wave of the pandemic is expected to last about six to eight weeks. As it subsides and people begin to return to health, second and possibly additional waves will be likely. Those who were infected and recovered in the first wave will be called upon to assist others in the subsequent waves.

As the pandemic subsides completely, efforts will begin to restore society back to a degree of normalcy.

Pandemic Planning in Florida Has Taken on a Sense of Urgency But There is Still Much to Do

During meetings with state and local planning officials, committee staff observed a sense of urgency relating to planning efforts. Certain critical planning tasks have been identified in order to meet a goal of integrating the new Pandemic Influenza Annex into the CEMP by January 2007. One intermediate step in the process is to submit the Annex to the federal CDC for approval by November 2006.

To begin the planning process, Florida received \$4.6 million in federal funding under what was considered Phase I of the project. Half of this funding was used by the county health departments to conduct assessment and planning efforts. Procurement of a personal protective equipment and supplies cache for first responders, pandemic flu education, laboratory equipment and supplies, and an epidemiology tool kit accounted for an additional \$1.6 million.

²⁷ Id.

²⁸ Florida's tourism industry survived the 2004 and 2005 hurricane seasons to remain a strong industry. However, a hurricane is a localized event of relatively short duration. A pandemic, on the other hand, may take a year or more to completely subside before recovery can fully begin.

²⁶ National Governors Association, *Preparing For A Pandemic Influenza*, (Washington, DC, June 2006).

Florida has been awarded additional federal funding for Fiscal Year 2007 in the amount of \$12.1 million. This funding will support Phase II of the project and provide additional:

- Vulnerability analysis and planning;
- Surveillance and epidemiology support to county health departments thereby improving their ability to detect, evaluate, and respond to public health threats;
- Upgrade county health department emergency operations plans, Regional Domestic Security Task Force regional response templates, and county comprehensive emergency management plans;
- Continued building of a risk communications infrastructure to provide a statewide network of communication information officers;
- Purchase of laboratory equipment and supplies for influenza testing;
- Implementation of a pandemic flu information campaign; and
- County Health Department planning, training, and exercise support.

To date 64 of Florida's 67 counties have prepared a pandemic response plan. These 64 counties have also conducted an exercise to test their plans and have either submitted or will submit an after action report to the DOH for analysis. During interviews with state planning officials, committee staff learned that small counties in particular will require technical assistance to facilitate their planning efforts. State officials are working to provide that assistance.

An important part of any incident response is the legal authority provided by a Governor's Executive Order. A sample draft order is currently under development with an objective deadline of November 2006 for completion.

State agency heads have been tasked with preparing agency pandemic plans with a view towards continuity of operations. Some have completed this task and the remaining agencies are nearing completion.

Other key areas identified in the GAP Analysis are works in progress including:

- A clear delineation of which activities will occur at state, local, or coordinated levels;

- Agreements with neighboring jurisdictions are to be formalized and address communication, mutual aid, and other cross-jurisdictional needs;
- Completion of an operational plan to prevent, detect, and respond to reports of disease in animals as an early warning of threat to human health;
- Shift from the traditional seasonal surveillance for influenza (e.g. virologic, outpatient visits, hospitalization, and mortality) to year round surveillance;
- Develop a system to obtain and track information daily during a pandemic;
- Develop surveillance for influenza-like illnesses (ILI) among laboratory personnel working with novel influenza viruses;
- Conduct an exercise of the revised Pandemic Influenza Annex plan;
- Ensure that the public health establishment is aware of the healthcare sector needs and expectations before and during a pandemic; and
- Completion of a current roster of all active and formerly active healthcare personnel available for emergency healthcare services.

Current Statutory Authority is Generally Considered Adequate to Meet Pandemic Needs

Certain chapters and sections of Florida Statutes provide authority for state and local agencies to perform their duties during a pandemic. These include:

- Section 120.54, F.S., State Agencies – Allows state agencies to adopt temporary emergency rules when there is immediate danger to public health;
- Chapter 252, F.S., Emergency Management Act – Gives the Governor and Division of Emergency Management authority to direct and control emergency management;
- Section 381.0011, F.S., Department of Health – Authorizes the department to administer and enforce laws and rules relating to control of communicable disease;
- Section 381.0012, F.S. Department of Health – Enforcement Authority. Authorizes the department to enforce the state health laws and rules adopted under Chapter 381, F.S.;
- Section 381.00315, F.S., Department of Health – Public Health Emergencies and Advisories. Authorizes the State Health

Officer to declare public health emergencies and issue public health advisories;

- Section 768.28, F.S., State Agencies – Sovereign immunity for state officers and employees. Protects state employees who administer pharmaceuticals as part of their official duties.

Committee staff interviews with state and local officials disclosed that statutory authority is generally considered adequate for officials to deal with a pandemic.

One issue that did surface is that of disaster unemployment insurance. Severe economic disruption is anticipated during the course of a pandemic. Many people will be unable to work due to business closures and efforts to contain the disease such as social distancing. There is concern that some form of emergency financial assistance will be necessary to sustain workers and their families during the crisis period.

The Planning and Analysis Process Continues to Identify Additional Issues

As the planning process continues, the Legislature can expect to receive additional requests for funding in support of planning initiatives. Several examples include:

- A need for \$34 million, identified by the DOH, to purchase a cache of antiviral medications and supplies, and
- A need to upgrade agency information technology hardware to accommodate additional usage demand as social distancing causes employees to telecommute.

Telecommuting of itself is another emerging issue. Influenza planning strategies place great emphasis on telecommuting polices to minimize human contact and enhance social distancing. Committee staff contacted the Agency for Workforce Innovation and learned that office and administrative support occupations make up approximately 31.4% of Florida's 8.8 million workers. This means that over 6 million of Florida's workers are probably performing work that is incompatible with telecommuting.

Concern has surfaced that strategies aimed at containing the spread of a pandemic through movement restriction will be ineffective. The recent SARS

epidemic is cited as an example. SARS traveled from Hong Kong to Toronto in a matter of hours. It was characterized by a reluctance to recognize that a dangerous disease was actually spreading.²⁹ This example is strikingly similar to an event in Philadelphia during the 1918 Influenza Pandemic. Public health officials were reluctant to cancel a major war bond campaign parade through the city even though they had evidence of the presence of the deadly disease. Within two days after the parade, the city's healthcare capability was overwhelmed. Both of these examples call into question the ability to make tough decisions in a timely manner.

One additional issue is the status of COOP planning in the private sector and business community. Committee staff found evidence of large business participation in the pandemic planning process. State and local officials are conducting outreach activities to the business community. Businesses with critical roles in everyday societal functioning are taking steps to develop their own COOP plans in order that they might continue to function during a crisis. However, a study conducted by the New York Red Cross found that small and mid-size businesses are poorly prepared for emergencies.³⁰

RECOMMENDATIONS

1. Committee staff recommends that the Legislature explore additional methods to foster a "Culture of Preparedness" among Floridians, for pandemics and all other disasters.
2. Committee staff recommends that the Legislature consider funding essential pandemic preparedness stockpile items.

²⁹ Eliot Grigg, Joseph Rosen, C. Everett Koop, *The biological disaster challenge: Why we are least prepared for the most devastating threat and what we need to do about it*, Journal of Emergency Management, Vol. 4, No. 1, January/February 2006.

³⁰ American Red Cross Greater New York, *New York City's Small and Medium Size Companies Are Poorly Prepared For Emergencies and Disasters*, October 4, 2006, www.nyredcross.org.