

November 2006



Pandemic Influenza and/or Avian Flu Information for the Renal Community

MISSION: *Heartland Kidney Network promotes and facilitates high quality care standards for dialysis and kidney transplant patients in Iowa, Kansas, Missouri and Nebraska.*

VISION: *Heartland Kidney Network leads and coordinates quality improvement initiatives through collaborative efforts to positively impact the clinical care for chronic kidney disease (CKD) patients.*

Heartland Kidney Network



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Why This Booklet Was Written

The purpose of this resource is to provide the renal community with general information and practical suggestions for strategizing plans regarding the possibility of a pandemic influenza and/or avian flu. All facilities are encouraged to review their existing policies and procedures and update them accordingly to adequately cover the following possibilities including but not limited to:

- Staffing shortages due to illness
- Critical supply shortages or delays
- Infection control measures
- Emergency preparedness (staff, patients, and facility)
- Staff education
- Patient education

It is essential that all dialysis facilities and their renal patients be as prepared as possible for emergencies of various kinds. It is our hope that the information contained herein will shed some light on this frightening, confusing, and potentially very dangerous situation.

Inquiries regarding this document may be directed to:

Sarah Yelton, RN, CNN
Quality Improvement Director
syelton@nw12.esrd.net
Extension 1702

Cathy Long, BA, RHIT
Quality Improvement Coordinator
clong@nw12.esrd.net
Extension 1708

Katrina Dinkel, MA
Executive Director
kdinkel@nw12.esrd.net
Extension 1705

Heartland Kidney Network
7505 NW Tiffany springs Parkway, Suite 230,
Kansas City, Missouri 64153

Phone 816-880-9990 Fax- 816-880-9088

www.HeartlandKidney.org

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I. Introduction



A Letter from Our President

My fellow Americans,

Once again, nature has presented us with a daunting challenge: the possibility of an influenza pandemic.

Most of us are accustomed to seasonal influenza, or "the flu," a viral infection that continues to be a significant public health challenge. From time to time, changes in the influenza virus result in a new strain to which people have never been exposed. These new strains have the potential to sweep the globe, causing millions of illnesses, in what is called a pandemic.

A new strain of influenza virus has been found in birds in Asia, and has shown that it can infect humans. If this virus undergoes further change, it could very well result in the next human pandemic.

We have an opportunity to prepare ourselves, our Nation, and our world to fight this potentially devastating outbreak of infectious disease.

The National Strategy for Pandemic Influenza presents our approach to address the threat of pandemic influenza, whether it results from the strain currently in birds in Asia or another influenza virus. It outlines how we intend to prepare, detect, and respond to a pandemic. It also outlines the important roles to be played not only by the Federal government, but also by State and local governments, private industry, our international partners, and most importantly individual citizens, including you and your families.

While your government will do much to prepare for a pandemic, individual action and individual responsibility are necessary for the success of any measures. Not only should you take action to protect yourself and your families, you should also take action to prevent the spread of influenza if you or anyone in your family becomes ill.

Together we will confront this emerging threat and together, as Americans, we will be prepared to protect our families, our communities, this great Nation, and our world.

GEORGE W. BUSH
THE WHITE HOUSE
November 1, 2005

<http://www.whitehouse.gov/news/releases/2006/05/2006-503-5.html>

II. Government Plans



In a May 2006 news release from the White House, Scott McClellan and Homeland Security Advisor Fran Townsend discussed the United States governments plan regarding the possibility of influenza pandemic. “The *National Strategy for Pandemic Influenza*, issued by President Bush November 1, 2005, guides our nation's preparedness and response to an influenza pandemic, with the intent of (1) stopping, slowing or otherwise limiting the spread of a pandemic to the United States; (2) limiting the domestic spread of a pandemic, and mitigating disease, suffering and death; and (3) sustaining infrastructure and mitigating impact to the economy and the functioning of society. The *Strategy* charges the U.S. Department of Health & Human Services with leading the federal pandemic preparedness.

The *Implementation Plan for the National Strategy*, released by the President on May 3, 2006, translates the *Strategy* into more than 300 actions for Federal departments and agencies and sets clear expectations for State and local governments and other non-Federal entities. It also provides guidance for all Federal departments and agencies on the development of their own plans.”

Source: <http://www.pandemicflu.gov/plan/federal/index.html>

A fact sheet provided by the White House breaks down the National Strategy into simplified portions as follows:

- Pandemic influenza poses a greater risk than seasonal influenza
- The Federal Government is closely monitoring an avian influenza virus known as H5N1
- Today, H5N1 Influenza affects Primarily Birds – This does not signal the Start of a Pandemic

There are six functional areas of the implementation plan to assist local governments, communities and the private sector on actions that must be taken:

- International efforts – Prevention and containment of any outbreaks abroad
- Transportation and borders – Slow the arrival and spread
- Protecting Human Health – limit spread of disease and mitigate illness
- Protecting Animal Health – Control influenza with human pandemic potential in animals
- Law enforcement, public safety and security – Ensure civil order
- Planning by institutions – Protect personnel and ensure continuity of operations

Individuals, communities and businesses must be prepared

- Individuals must actively participate (infection control measures, stay home when ill, get involved in community planning efforts.)
- State and local governments must prepare (State and local governments with clear guidance from the Government must have plans ready to implement should community measures be necessary such as school closing, and the suspension of public gathering to halt the spread of disease.)
- Business and the private sector must prepare (Plans must be developed to provide essential services in the event of staff absenteeism.)

Four Federal Priority Actions

1. Advance international capacity for early warning and response.

This includes cooperation, sharing data, rapid reporting of cases on an international level. Advance international cooperation; building international capacity by providing technical assistance in at-risk countries to detect and contain animal and human outbreaks; and ensuring rapid response by the Federal Government independently or in support of international responses.

2. Limit the arrival and spread of a pandemic

This can be achieved by ensuring early warning and situational awareness by enhancing domestic avian influenza surveillance in humans, wild birds, and poultry. Establishing border and transportation strategies are also important in delaying the spread of disease. Economic and social consequences must be taken into account. Also screening protocols and implementation agreements in which individuals voluntarily limit travel and special screening travelers may be necessary.

3. Provide clear guidance to stakeholders

To insure effective risk communication: timely, accurate, and credible information is provided to spokespeople at all levels of the government during an outbreak. Guidance on distributing urgent resources: sharing with the medical community and public health officials (including state and tribal officials) strategies for sharing scarce medical resources. Provide comprehensive guidance to limit the spread of disease: develop a template for community disease containment. Provide clear guidance for private and public sectors: develop pandemic preparedness guidance for private, Federal, State, local, and tribal entities.

4. Accelerate the Development of Countermeasures

Develop rapid diagnostics: to develop rapid sensitive and accurate test to be used in the clinical setting and for screening. Establish stockpiles of vaccine and antiviral medications: Build stockpile of vaccine and antiviral medication and define strategies for their usage. Advance technology and production capacity for influenza vaccine: Develop manufacturing methods, increase production capacity and develop diagnostic and counter measures including effective ways of preparing for and responding to a surge in demand for medical care.

Source: White House News Release Fact Sheet: Advancing the Nation's Preparedness for Pandemic Influenza at <http://www.whitehouse.gov/news/releases/2006/05/2006-503-5.html>

III. State Plans

Each state in the United States has been directed by the White House to formulate plans and develop strategies that will guide its citizens in the event of pandemic influenza. Below are links to the various plans for states located within the Heartland Kidney Network.

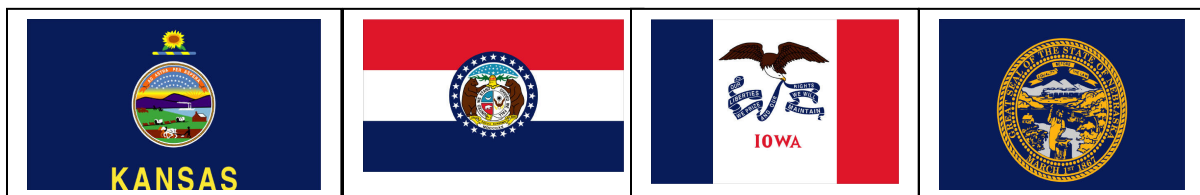
Kansas: http://www.kdheks.gov/flu/download/KS_Pan_flu_10_05.pdf

Missouri: <http://www.dhss.mo.gov/PandemicInfluenza/PandemicPlan.pdf>

Iowa: http://www.protectioniowahealth.org/documents/Exec_Summary_Pandemic_Annex.pdf

Nebraska: <http://www.hhs.state.ne.us/puh/epi/flu/pandemic/docs/State-Plan.pdf>

Other state plans can be viewed at: <http://www.pandemicflu.gov/plan/stateplans.html>



III. Local Plans



Getting involved with local city Health Departments, in conjunction with city managers and other emergency planning coalitions is another means of spotlighting the needs of the renal community during a possible pandemic event. Heartland Kidney Network encourages members of the renal community and dialysis centers to contact their local leaders and at a minimum do the following:

- Establish a contact by name at the local Health Department. Check in periodically.
- Talk with the Health Department Director about adding your dialysis staff names to the list of essential health care providers in your area.
- Perhaps as a group of dialysis centers, meet face-to-face with the local city government officials to discuss the needs of the renal community in the event of a pandemic.
- Become active participants on emergency planning committees in your region.
- Be sure your dialysis facilities are listed on priority service listings with local utilities.
- Contact the local communication services (radio and television). Make contacts now in the event that a public service announcement needs to be made in the future to alert your patients about changes in their dialysis services.

V. Dialysis Facility Planning

Large Dialysis Providers (LDO)

Large provider groups have the luxury of having corporate resources to assist them in planning for the possibility of pandemic influenza. Some LDOs also have elaborate systems in place for the delivery of dialysis supplies. The LDO may already have policies and procedures in place, strategies, and plans made to cover possible scenarios related to such a catastrophic event. Even if this is the case, the LDO is encouraged to review the scenarios provided in the resource section to determine if the plans will adequately cover the situation(s) given. Additionally, the LDO is encouraged to look over the Pandemic Influenza Worksheet in the resource section of this document to be sure that all of the items have been brainstormed and planned for in their policies and procedures. The Network staff will be happy to assist any LDO facility that requests it.

Independent Dialysis Providers

Being an independent provider, your facility operates more autonomously. Most likely, the emergency plans that are in place currently do not cover pandemic influenza. Your facility will need to strategize ways to meet the needs of your facility and patients. Please review the dialysis specific scenarios and the Pandemic Influenza Worksheet as you formulate your plans and make policies and procedures. The Network staff will be happy to assist independent facilities with their planning efforts.

Hospital Based Dialysis Providers

As a hospital based dialysis provider, the possibility of pandemic influenza affect your facility in a way that perhaps other facilities will not face. Being located within the hospital puts your facility at risk of being asked to dialyze a greater number of patients than normal during a pandemic. Patients who normally dialyze elsewhere may gravitate to the hospital if quarantine is issued and they are unable to geographically go to their usual facility. Also hospitalized patients ill from influenza (or other causes) could strain the staffing resources of your unit. Do you have policies and procedures in place that address a massive influx of

patients? Please review the dialysis specific scenarios and the Pandemic Influenza Worksheet as you formulate your plans and make policies and procedures. The Network staff will be happy to assist the hospital-based units as they make contingency plans.

Home Dialysis Patients

In the event of pandemic influenza, home dialysis patients (CCPD, CAPD, and home hemodialysis) are actually in a good situation – provided they are able to obtain the goods and supplies that they need to continue their dialysis treatments and are healthy. They can continue their treatments as usual but may need to extend their clinic visit until local authorities are allowing free movement in the area. All dialysis centers offering home dialysis should remember to include the home patients in their pandemic planning efforts.

VI. Hospital Overload

As mentioned in the section discussing hospital-based facilities, large numbers of patients will likely come to the hospitals for care during a pandemic event. Emergency rooms, Intensive Care Units, and Dialysis facilities (acute and chronic) should be planning ahead for this scenario. Work within the hospital setting to plan ways to best meet the challenges that large numbers of patients presenting for treatment would require of the staff members and the resources of the hospital.

VII. The Big Picture

- We don't know when or if it will hit the United States
- If it hits, it could be devastating
- Get to know contact people by name at your local city Health Department (HD) now – be sure your dialysis staff are on the list of priority health care givers. Be sure the HD knows where your unit is and how many patients you serve.
- Regularly monitor State Health Department websites for information
- Prepare as an individual, family, neighborhood, dialysis center, corporation, community, state, and nation.
- Learn about infection control measures and teach them to the dialysis patients.
- Antiviral medications are available and being produced, but more may be needed.
- Encourage everyone to take the influenza vaccination (staff and patients)
- Have supplies at home (see list in the resource section)
- Make plans and also alternative plans
- People who travel could be detained in a foreign country and be unable to re-enter the US if a pandemic occurs.

VIII. Glossary

Amantadine (generic) - Brand name Symmetrel. One of four antiviral medications. (See antiviral.)

Among some healthy adults and children, side effects can include central nervous system (CNS) side effects such as nervousness, anxiety, difficulty concentrating, and lightheadedness, and gastrointestinal side effects like nausea and loss of appetite. CNS side effects happen more often among persons taking amantadine than among persons taking rimantadine. Among some other persons with long-term illnesses, more serious

side effects, such as delirium, hallucinations, agitation, and seizures, can occur. Side effects usually diminish and disappear after 1 week. (Source: CDC.gov)

Antiviral: When used on the first two days of illness, antiviral medications are an effective means of reducing the duration of illness by one or two days. They are an adjunct to influenza vaccine. In the United States, four antiviral medications—amantadine, rimantadine, oseltamvir, and zanamivir—that are currently approved for treatment of influenza, but supplies of zanamivir are limited. (Per the CDC.)

Avian Flu: Also called bird flu and caused by avian influenza viruses, which occur naturally among birds. Migratory waterfowl - most notably wild ducks are the natural host for avian influenza viruses, and these birds are also the most resistant to infection (World Health Organization, 2005).

Flumadine (brand name) – Also called Rimantadine. An antiviral medication. (See antiviral and Rimantadine.)

Isolation: The separation of persons who have a specific infectious illness from those who are healthy and the restriction of their movement to stop the spread of that illness. Isolation allows for the focused delivery of specialized health care to people who are ill, and it protects healthy people from getting sick. People in isolation may be cared for in their homes, in hospitals, or in designated healthcare facilities. In most cases, isolation is voluntary; however, many levels of government (federal, state, and local) have basic authority to compel isolation of sick people to protect the public. (Source: CDC)

Oseltamvir (generic) – Brand name Tamiflu. One of four antiviral medications. (See antiviral.)
The side effects reported most often in those people who took this drug were gastrointestinal (i.e., nausea and vomiting). Nausea and vomiting may be less severe if oseltamivir is taken with food. (Source: CDC.gov)

Pandemic: Illness that occurs over a wide geographic area and affects an exceptionally high proportion of the population.

Quarantine: Quarantine is a restraint upon the activities or communication of persons or the transportation of goods and services. The Health Department is empowered to issue a quarantine order.

Quarantine – What Does it Really Mean?

“Title 42 United States Code Section 264 (Section 361 of the Public Health Service [PHS] Act) gives the Secretary of Health and Human Services (HHS) responsibility for preventing the introduction, transmission, and spread of communicable diseases from foreign countries into the United States and within the United States and its territories/possessions. This statute is implemented through regulations found at 42 CFR Parts 70 and 71. Under its delegated authority, the Centers for Disease Control and Prevention (CDC) is empowered to detain, medically examine, or conditionally release individuals reasonably believed to be carrying a communicable disease.” (Source: http://www.cdc.gov/ncidod/dq/qa_influenza_amendment_to_eo_13295.htm)

Quarantine is a restraint upon the activities or communication of persons or the transportation of goods and services. Quarantines are designed to prevent the spread of disease, or are a state of enforced isolation. If in light of the information gathered from the various Health Departments, the Centers for Disease Control and Prevention (CDC), and the World Health Organization (WHO), it has become apparent that a pandemic has occurred, quarantine might be mandated in an attempt to control the spread of the disease. In such instances, all individuals will be restricted in community movement, caregivers and patients alike.

Relenza (Brand name) – Zanamivir (generic). An antiviral medication. (See antiviral and Zanamivir.)

Rimantadine – Also called Flumadine. One of four antiviral medications. (See antiviral.)
Among some healthy adults and children, side effects can include central nervous system (CNS) side effects such as nervousness, anxiety, difficulty concentrating, and lightheadedness, and gastrointestinal side effects like nausea and loss of appetite. CNS side effects happen more often among persons taking amantadine than among persons taking rimantadine. Among some other persons with long-term illnesses, more serious side effects, such as delirium, hallucinations, agitation, and seizures, can occur. Side effects usually diminish and disappear after 1 week. (Source: CDC.gov)

Tamiflu (Brand name) – Prescription medication said to lessen the severity of the flu. Also known as Oseltamvir. (See antiviral and Oseltamvir.)

Theraflu – One of many over-the-counter medications used to treat the symptoms of the flu.

Seasonal Flu: A contagious respiratory illness caused by influenza viruses.

Symmetrel (brand name) – Also called Amantadine. An antiviral medication. (See antiviral and Amantadine.)

Pandemic Flu: A flu pandemic is a global outbreak that occurs when a new influenza A virus causes serious human illness and spreads easily from person to person.

Zanamivir (generic) – Brand name Relenza. An antiviral medication.
This drug is inhaled and can cause side effects, especially in those with asthma or other chronic lung disease. Decreased respiratory function and bronchospasm have been reported with use of zanamivir. Zanamivir is generally not recommended for use in persons with underlying lung disease such as asthma and chronic obstructive pulmonary disease. Other side effects reported by less than 5% of those who have used this drug are diarrhea, nausea, sinusitis, nasal infections, bronchitis, cough, headache, and dizziness. (Source: CDC.gov)

The Phases of a Pandemic

Interpandemic Period

Phase 1: No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low.

Phase 2: No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.

Pandemic Alert Period

Phase 3: Human infection(s) with a new subtype but no human-to-human spread, or at most rare instances of spread to a close contact.

Phase 4: Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.

Phase 5: Larger cluster(s) but human-to-human spread is still localized, suggesting that the virus is becoming increasingly better adapted to humans but may not yet be

fully transmissible (substantial pandemic risk).

Pandemic Period

Phase 6: Pandemic: increased and sustained transmission in the general population.

Source: <http://www.cdc.gov/flu/pandemic/phases.htm>

IX. References

Fact Sheet: Advancing the Nation's Preparedness for Pandemic Influenza (May 2006 White House news release.)

Missouri Department of Health and Senior Services
Centers for Disease Control and Prevention (CDC)

X. Resources

- Influenza Pandemic Worksheet: Preparedness for the Dialysis Facility (Heartland Kidney Network)
- Stopping the Spread of Germs At Work (CDC)
- Dialysis Specific Scenarios (Heartland Kidney Network)
- Supplies To Stock Up On (Heartland Kidney Network)
- Action Steps Individuals Can Take to Prepare for a Possible Influenza Pandemic (Missouri Department of Health and Senior Services)
- What if the killer strain hit KC? (Medical Fiction: Kansas City Star Newspaper article) June 21, 2006

Influenza Pandemic Worksheet: Preparedness for the Dialysis Facility

Dialysis centers may want to review the following questions and statements with the multidisciplinary team during dialysis facility continuous quality improvement meetings. Brainstorm ways to overcome any barriers that you identify. Work with your local Health Department, corporation, ESRD Network, and other community resources to become more prepared.

General Issues (Suggestions from Heartland Kidney Network and/or CDC)

<input type="checkbox"/> Is the local Health Department aware of the existence of the dialysis facility?	<input type="checkbox"/> Have staff members and patients received influenza vaccinations? Is it documented?	<input type="checkbox"/> Do your plans mesh with those of the local Health Department and community pandemic care plans?	<input type="checkbox"/> Has the dialysis facility appointed a Pandemic Influenza Coordinator or team? (This person or team will have specific roles and responsibilities – to be developed by the facility.)	<input type="checkbox"/> Identify the critical personnel needed during an emergency situation.
<input type="checkbox"/> Hold a periodic drill (or review) to test your facility plans.	<input type="checkbox"/> Communicate regularly with your community contact persons. Have alternative contacts also incase the front-line individual is not available.	<input type="checkbox"/> Is there a written chain of communication for key contacts in your community?	<input type="checkbox"/> Is a proven method of communicating your business status in place?	<input type="checkbox"/> Can face-to-face contact between staff and staff and staff and patients be limited while still providing safe dialysis treatments? (Decrease meetings, eliminate shared workspaces, etc.)
<input type="checkbox"/> Well in advance of the emergency, identify resources in your community providing services you may need! Get to know them – well! Communicate often!	<input type="checkbox"/> Anticipate patient, family, and employee fear, anxiety, rumors and misinformation then plan communications.	<input type="checkbox"/> Share your plans with your regional ESRD Network (optional).	<input type="checkbox"/> Disseminate information to employees and patients about your pandemic preparedness and response plan. <u>The plan has to be shared!</u>	<input type="checkbox"/> Develop and disseminate programs and materials covering pandemic fundamentals (e.g. signs and symptoms of influenza, modes of transmission), personal and family protection and response strategies (e.g. hand-hygiene, coughing/sneezing etiquette, contingency plans).
<input type="checkbox"/> Contact the local media to obtain information on a contact person for public	<input type="checkbox"/> Contact the local authorities to ascertain their roles and	<input type="checkbox"/> Evaluate your infection control practices and re-educate staff PRN.	<input type="checkbox"/> Emphasize droplet precautions to prevent the spread of influenza.	<input type="checkbox"/> Does the facility have plans in place for each of the Influenza Pandemic

service announcements prior to an emergency.	responsibilities during an emergency and in the event of a pandemic.			Phases 1-6?
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Staffing Issues (Suggestions from Heartland Kidney Network and/or CDC)

<input type="checkbox"/> The staff members will need to be listed with the Health Department as priority medical care givers	<input type="checkbox"/> What if staff members cannot get to the dialysis center due to quarantine orders, or illness?	<input type="checkbox"/> What contingency planning has the facility and/or corporation done regarding disaster staffing?	<input type="checkbox"/> Does the facility have plan A, B, and C in case the plans don't work?	<input type="checkbox"/> Are all of the staff members (including physicians) prepared at home with food and extra provisions for the flu season?
<input type="checkbox"/> Have the staff members been educated on the meaning of the term quarantine?	<input type="checkbox"/> Have all of the patients been educated regarding seasonal flu, avian flu, and pandemic influenza?	<input type="checkbox"/> Have staff members and physicians provided with in-service education regarding infection control measures?	<input type="checkbox"/> Identify the critical personnel needed during an emergency situation.	<input type="checkbox"/> Is a proven method of communicating your staffing status in place?
<input type="checkbox"/> What if temporary staff-help is available but not dialysis trained?	<input type="checkbox"/> Evaluate staff in relation to local area maps and formulate lists of staff along with contact information by region.			

Critical Supply Issues (Suggestions from Heartland Kidney Network and/or CDC)

<input type="checkbox"/> How will supplies be obtained if normal supply routes are disrupted?	<input type="checkbox"/> Does the facility have plan A, B, and C in case the plans don't work?	<input type="checkbox"/> Identify the critical supplies needed during an emergency situation.	<input type="checkbox"/> Identify changes in supply needs during a pandemic- such as tissues, masks, soap, toilet tissue, gloves, antimicrobial hand gel, etc.	<input type="checkbox"/> Develop platforms (e.g. hot lines, dedicated web sites) for communicating pandemic status and actions to employees, vendors, suppliers, and customers inside and outside the dialysis clinic in a consistent and timely way, including redundancies in the emergency contact systems used.
<input type="checkbox"/> Identify community sources for timely and	<input type="checkbox"/> Can home dialysis patients obtain their	<input type="checkbox"/> Assess facility supplies and develop strategic		

accurate pandemic information and resources for obtaining counter-measures (e.g. vaccines and antivirals).	needed supplies? (CCPD, CAPD, and home hemodialysis)	plans for sharing of supplies between units.		
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Patient Issues (Suggestions from Heartland Kidney Network and/or CDC)

<input type="checkbox"/> The patients will need anti-viral medications – how will they obtain the meds?	<input type="checkbox"/> Are all of the patients prepared at home with food and extra provisions for the flu season?	<input type="checkbox"/> Are plans in place to work with the local hospital to coordinate pandemic care plans?	<input type="checkbox"/> Have all of the patients been educated regarding seasonal flu, avian flu, and pandemic influenza?	<input type="checkbox"/> Have the staff members been educated on the meaning of the term quarantine?
<input type="checkbox"/> Have patients received education regarding infection control measures?	<input type="checkbox"/> Can home dialysis patients obtain their needed supplies? (CCPD, CAPD, and home hemodialysis)	<input type="checkbox"/> Contact other providers in your local area to facilitate communications and possible transfer of patients if your facility is unable to render care.	<input type="checkbox"/> Inform patients of your emergency plans, including where they can acquire treatment.	

During an Pandemic (Suggestions from the CDC)

<input type="checkbox"/> Establish Policies for employee compensation and sick-leave absences unique to a pandemic (e.g. non-punitive, liberal leave), including policies on when a previously ill person is no longer infectious and can return to work after illness.	<input type="checkbox"/> Establish policies for flexible work hours (e.g. staggered shifts).	<input type="checkbox"/> Establish policies for preventing influenza spread at the work site (e.g. promoting respiratory hygiene/cough etiquette, and prompt exclusion of people with influenza symptoms).	<input type="checkbox"/> Establish policies for employees who have been exposed to pandemic influenza, are suspected to be ill, or become ill at the work site (e.g. infection control response, immediate mandatory sick leave).	<input type="checkbox"/> Establish policies for restricting travel to affected geographic areas, evacuating to affected geographic areas, evacuating employees working in or near an affected area when an outbreak begins, and guidance for employees returning from affected areas (refer to CDC travel recommendations).
<input type="checkbox"/> Set up authorities, triggers, and procedures for activating and terminating the company's response plan, altering operations				

(e.g. shutting down in affected areas), and transferring knowledge to key employees.				
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Allocation of Resources During a Pandemic

<input type="checkbox"/> Maintain frequent communication between management and staff.	<input type="checkbox"/> Maintain frequent communication between management and patients	<input type="checkbox"/> Provide availability of medical consultation and advice for emergency response.	<input type="checkbox"/> Enhance communications with the upper management team of your organization. (In the case of LDO – corporate management.)	<input type="checkbox"/> Provide sufficient and accessible infection control supplies (e.g. hand-hygiene products, tissues and receptacles for their disposal).
<input type="checkbox"/> Contact your regional director and inquire about corporate pandemic preparedness.				

Source: Contains excerpts from the Heartland Kidney Network January – June 2006 ESRD Staff newsletter (Available at www.HeartlandKidney.org)

Dialysis Facility Staff Member acting as the Pandemic Coordinator: _____

Local Health Department _____
 Phone Number _____
 Contact Person _____
 Community Emergency Planning Committee: _____
 Phone Number: _____
 Contact Person: _____

Contact Person: _____

Radio Station: _____
 Phone Number: _____
 Contact Person: _____

Hospital Emergency Planning Committee: _____
 Phone Number: _____
 Contact Person: _____

TV Station: _____
 Phone Number: _____
 Contact Person: _____

Corporate Resource Person (name) _____
 Phone Number _____

City Emergency Planning Committee: _____
 Phone Number: _____

Stopping the Spread of Germs at Work

How Germs Spread

Illnesses like the flu (influenza) and colds are caused by viruses that infect the nose, throat, and lungs. The flu and colds usually spread from person to person when an infected person coughs or sneezes.



How to Help Stop the Spread of Germs

Take care to:

- Cover your mouth and nose when you sneeze or cough
- Clean your hands often
- Avoid touching your eyes, nose or mouth
- Stay home when you are sick and check with a health care provider when needed
- Practice other good health habits.

Cover your mouth and nose when you sneeze or cough

Cough or sneeze into a tissue and then throw it away. Cover your cough or sneeze if you do not have a tissue. Then, clean your hands, and do so every time you cough or sneeze.

Clean your hands often

When available, wash your hands -- with soap and warm water -- then rub your hands vigorously together and scrub all surfaces. Wash for 15 to 20 seconds. It is the soap combined with the scrubbing action that helps dislodge and remove germs.



When soap and water are not available, alcohol-based disposable hand wipes or gel sanitizers may be used. You can find them in most supermarkets and drugstores. If using a gel, rub the gel in your hands until they are dry. The gel doesn't need water to work; the alcohol in the gel kills germs that cause colds and the flu.*

*Source: FDA/CFSAN Food Safety A to Z Reference Guide, September 2001: Hand washing (<http://www.cfsan.fda.gov/%7Edms/handwashing>).

Avoid touching your eyes, nose, or mouth

Germs are often spread when a person touches something that is contaminated with germs and then touches their eyes, nose, or mouth. Germs can live for a long time (some can live for 2 hours or more) on surfaces like doorknobs, desks, and tables.

Stay home when you are sick and check with a health care provider when needed

When you are sick or have flu symptoms, stay home, get plenty of rest, and check with a health care provider as needed. Your employer may need a doctor's note for an excused absence.

Remember: Keeping your distance from others may protect them from getting sick. Common symptoms of the flu include:

- fever (usually high)
- headache
- extreme tiredness
- cough
- sore throat
- runny or stuffy nose
- muscle aches, and
- nausea, vomiting, and diarrhea, (much more common among children than adults).

Practice other good health habits

Get plenty of sleep, be physically active, manage your stress, drink plenty of fluids, and eat nutritious food. Practicing healthy habits will help you stay healthy during flu season and all year long.

More Facts, Figures, and How-To Ideas

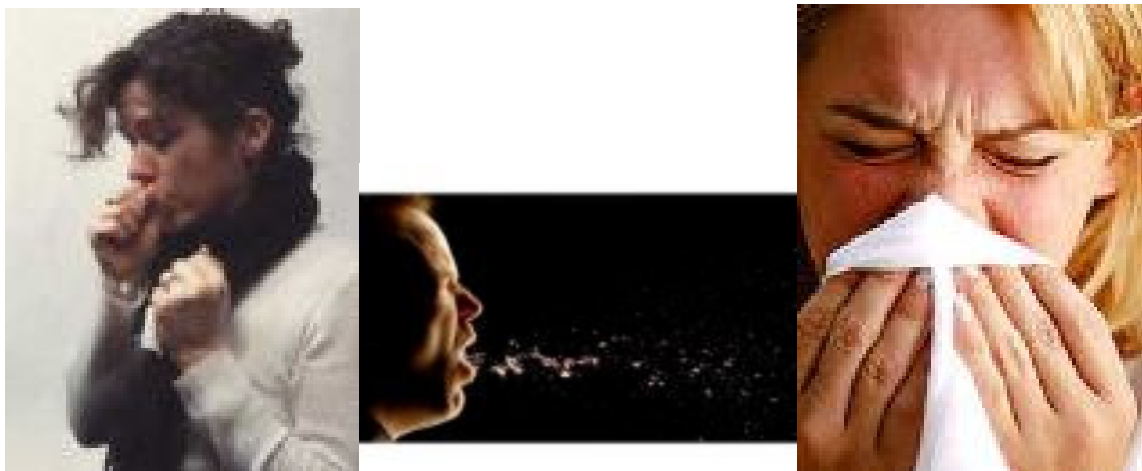
CDC and its partner agencies and organizations offer a great deal of information about handwashing and other things you can do to stay healthy and avoid the germs that cause flu, the common cold, and other illnesses. See Other Resources

(<http://www.cdc.gov/germstopper/resources.htm>) and Posters

(<http://www.cdc.gov/germstopper/materials.htm>) on this Stop the Spread of Germs site for a select listing of Web sites, materials, and contact information.

For more information, visit www.cdc.gov/flu , or call the CDC Flu Information Line at (800) CDINFO.

(Source: Centers for Disease Control and Prevention www.cdc.gov/flu October 15, 2004)





Dialysis-Specific Test Scenarios

Use the following scenarios to guide your dialysis unit team in brainstorming how a pandemic might actually affect your dialysis unit. Consider each phase of a pandemic: inter-pandemic, pandemic alert, and pandemic when planning facility strategies.

Scenario #1:

The Dialysis Charge Nurse may work at the urban unit and live closer to another unit. If the urban area is quarantined, the nurse could staff another unit provided he/she did not live within the confines of the quarantine.

Discussion: Staff members who typically commute to other units may live within the quarantined area and may be able to staff the units lying within a quarantined area.

Questions: Does your dialysis facility have a plan to address staffing in the event of quarantine? Do you have a map of your city so you know where various areas are located and where staff members live? Are staff members required to update their addresses and phone numbers with the facility management annually and when they move or change?

Idea: Post a city map at the dialysis facility and designate pin colors where the patients and staff live to get a visual picture of the geographical layout and the relationship of staff and patient housing to the location of your dialysis facility and surrounding dialysis facilities. Keep this map in a secure area to keep staff privacy.

Scenario #2:

The dialysis unit is open but only 3 out of 6 patient care staff members came to work and 40 out of 55 patients are coming in for treatment.

Discussion: Enough caregivers must be available to provide safe and effective dialysis for the patients that are able to come to the center.

Questions: If not enough staff members show up for work, what plan does the facility have?

Idea: Talk about this very real possibility well in advance of a pandemic and make plans accordingly.

Scenario #3:

Fifty (50) city blocks in a metropolitan area have been placed under quarantine by the Health Department. The dialysis center is located outside the perimeter. The majority of the patients live within the quarantine area. A dialysis center is not located within the quarantine area.

Discussion: This is a serious condition. If the patients cannot cross the quarantine to come to a dialysis facility, perhaps there is a hospital that offers acute dialysis services within the quarantine perimeter.

Questions: What if no dialysis provider is available in that 50-block area?

Idea: If the patient knows ahead of time that there are no providers near his/her home and that quarantine is possible - perhaps he/she can stay with someone else who lives near a facility.

Scenario #4:

The dialysis center is open but supplies such as machine tubing and dialyzers are running very low. Critical services in the area have been delayed due to the illness and subsequent shortage of many over-the-road truck drivers who normally deliver your medical supplies.

Discussion: Illness may disrupt normal flow of critical supplies and services nationwide. This could affect manufacturing, distribution, and end users as well.

Questions: What plans does your dialysis facility have in the event that basic dialysis supplies become delayed, severely delayed, or unavailable?

Ideas: Is it possible to partner with other dialysis facilities to share resources if needed? Will your LDO allow mini-stockpiling (within reason) of essential supplies?

Scenario #5:

The local hospital (providing acute dialysis services and with a chronic in-center dialysis unit) has been inundated with patients ill with the flu and also wanting their dialysis treatments.

Discussion: It is natural to expect frightened and ill patients to arrive at the hospital for evaluation and possible treatment for both influenza and dialysis.

Questions: Does the hospital have plans in place should a large number of patients come through the emergency department? Is the Intensive Care Unit preparing for acutely ill renal patients?

Idea: Hospital based chronic dialysis facilities may want to talk with the management of ER and ICU departments to strategize ways in which they can assist each other during influenza pandemic. Supply and staff sharing issues should be addressed. Fitting dialysis needs into the broader hospital emergency plan needs to be discussed by the committee.

Scenario #6:

Your dialysis staff wants to provide patients with new educational materials about the possibility of pandemic influenza. How (or where) do you direct them?

Discussion: Patients and staff members (including physicians) will need as much information as possible prior to a pandemic in order to make preparations.

Questions: What materials does the facility already have on this topic?

Idea: Consider assigning a staff member as a Pandemic Coordinator who will assist the management in obtaining information and support efforts to educate the staff and patients on this topic. Information is available from the Centers for Disease Control and Prevention (CDC); National Institute of Health (NIH); Heartland Kidney Network, Center for Medicare & Medicaid Services (CMS); State and local Health Departments, and others. See the resource section at the end of this document.

Scenario #7:

The pandemic has hit. A public service announcement has just been aired on the radio stating that antiviral medications are available at the Health Department. How do you direct your staff members and patients?

Discussion: Hopefully, you have already made contacts at your local Health Department and know the address, who to ask for, etc. By pre-planning, the Health Department personnel also know the needs of the renal community and the patients.

Questions: Can you reach your patients? Can you reach your staff members? How? Are the phone numbers kept up to date – how?

Idea: Review your policy and procedure for emergency contact of patients and staff members.

Scenario #8:

About ¾ of the businesses in your city are now closed due to illness. This includes grocery stores, fast food, banks, pharmacies, and Wal-mart.

Discussion: Don't wait until the pandemic hits to begin thinking about essential needs such as food, medication, paper goods, etc.

Questions: What supplies do you need as an individual to stock up on now? What contingency plans can you make?

Idea: Start with emergency planning lists and add illness care items such as those listed in the resource section of this document.

Scenario #9:

The local law enforcement agencies have enacted a curfew to prevent looting because people have been breaking into medical offices and pharmacies to try to get medicine to treat the sick. Your dialysis center management is worried about security.

Discussion: Frustrated, sick, and worried people may do strange things when emergencies arise. Civil unrest is one thing that could occur. Under extreme stress, mob mentality sometimes takes over normally reasonable individuals. Be aware of this possibility.

Questions: How can you keep your staff, patients, and facility as secure as possible during trying times? What are the security needs of your facility and what are the resources available to you?

Idea: Keep desirable items locked up, out of sight, and away from the windows. Talk with the health care team about specific ways to keep your unit as safe as possible.

Scenario #10:

The Health Department has just closed schools, universities, and stopped public gatherings such as church services. Is there a way to limit human contact during dialysis? (Staff to staff; patient to patient; and staff to patient)

Discussion: Limiting human contact is one way to limit the spread of disease.

Question: Are there creative ways to limit contact during dialysis and still be able to provide effective treatments?

Idea: If the unit has room, allow more distance between patient chairs. All staff and patients could wear masks at all times at the facility to minimize droplet spread.

**Supplies To Stock Up On
(In addition to emergency supplies*)**

Everyone at Home

- Toilet Tissue

- Paper Masks
- Latex Gloves
- Antimicrobial hand gel
- Kleenex
- Antibacterial hand soap
- Soap
- Theraflu or similar medications (over the counter) (unless contraindicated)
- Advil or Tylenol (unless contraindicated)
- Lysol type spray
- Cough Syrup (unless contraindicated)
- Paper towels
- Trash bags

Heartland Kidney Network Tip: Start by purchasing a few items at a time during each trip you make to the discount store. Store them in a super-large sized zip-lock bag. Everyone is also encouraged to get his or her flu shots!

At the Dialysis Center

- Toilet Tissue
- Paper Masks
- Latex Gloves
- Antimicrobial hand gel
- Kleenex
- Antibacterial hand soap
- Soap
- Paper towels
- Trash bags
- Dialyzers
- Machine Tubing
- Dialysate
- Other supplies as directed by your management team

Heartland Kidney Network Tip: Consult with management and/or corporate resource personnel regarding appropriate emergency preparedness supply levels.

- For a listing of general emergency supplies – refer to www.redcross.org



Action Steps Individuals Can Take to Prepare for a Possible Influenza Pandemic

Source: Missouri Department of Health and Senior Services, November 7, 2005

It is likely in the event of a pandemic that adequate supplies of effective medications (antiviral) will be in short supply, and that a vaccine for the particular strain of influenza virus causing the pandemic will not be available for some time, likely for several months. If this occurs, the public will have to use alternative means to protect themselves from becoming infected. Although the strategies outlined below may seem to be basic, they are very effective in reducing the risk of becoming infected with influenza and/or transmitting it to others.

For persons with symptoms in non-health-care settings

Adults can shed influenza virus 1 day before symptoms appear (and up to 5 days after onset of illness), thus the selective use of masks when you are in the proximity of a symptomatic person may not effectively limit transmission in the community. Instead, emphasis should be placed on “respiratory hygiene” or “cough etiquette” for persons with respiratory symptoms when in the presence of another person at home, school, work, and in other public settings. Important components of this strategy include encouraging persons with respiratory symptoms to:

- Cover their mouth and nose when coughing or sneezing.
- Use tissues to contain respiratory secretions and, after use, dispose of them in the nearest waste receptacle.
- Perform hand hygiene (i.e. wash hands frequently or use hand-sanitizer in the absence of soap and water) after having contact with respiratory secretions and potentially contaminated objects/materials.
- Remain at home until the fever is resolved and the cough is resolving to avoid exposing other members of the public.
- If a symptomatic person cannot stay home early in their illness they should be sure to cover their cough with their hand and a tissue. Also, the infected person to help limit aerosol spread can wear surgical masks.

Well persons in the community (unvaccinated persons without symptoms)

At this time, no specific recommendations can be made regarding the use of masks in this situation. There currently are no data available to demonstrate the effectiveness of masks in decreasing the risk of infection with influenza virus by the general public. Instead, the following practical practices should be followed, at least until a vaccine is available:

- Avoid crowded conditions
- Wash hands often and well
- Provide tissues and disposal receptacles for symptomatic family members, friends, and colleagues.
- Watch and listen for public health directives at the time of an outbreak for updated information on prevention recommendations, vaccine, and anti-viral agent availability.

In addition to personal hygiene, individuals can prepare for a possible pandemic by having a family plan in case they are requested to remain at home during the period of greatest risk of spread of the virus, or if schools are closed. Families should:

- Have a communication plan to stay in touch with family members.
- Have supplies on hand, including essential medicines, so that they are able to stay at home for an extended period (at least ten days) if asked to do so by public health authorities to limit the spread of the disease in the community. For more information on creating a family plan for an emergency, visit the Missouri Department of Health and Senior Services (DHSS) Ready in Three website at http://www.dhss.mo.gov/Ready_in_3/index.html.

The following article contains some **medical fiction** but it does provide interesting insights.

What if the killer strain hit KC?

Kansas City Star Newspaper

June 21, 2006

Page: A1

Author: DARRYL LEVINGS

BIRD FLU - A futuristic scenario blending fact and fiction

The following story is in the genre of science fiction -- call it "health fiction." No one knows whether the H5N1 bird flu virus will even get here, or how dangerous it will be if it does. But experts lay odds that we'll battle this scary bug sooner or later. Does this tale seem exaggerated? Let's all hope so. Check the facts as the story unfolds and decide for yourself.

Just how dread morphed into disaster in Kansas City may never be fully known.

Did the H5N1 virus arrive on a plane from Seattle, the first U.S. city to declare an emergency? Some blame a returning duck hunter who bagged his limit on the infected Pacific flyway. He lived, but both his children were among the first to perish in the pandemic.

But that's just one theory. The human-to-human form of the dreaded bird flu, first breaking out in Indonesia, had been sweeping across Asia. It could have been in the lungs of a GI passing through Kansas City International Airport from some Pacific base.

Whenever death stepped off that airliner in that horrible winter of 2006, we weren't ready. How could anyone be?

Before it was over, 10,000 Kansas City area victims were stacked in morgues, refrigerator trucks and even an ice rink. A half-million of us will remember forever the way our lungs filled and our fevers climbed. Social order broke down, people fought for nonexistent drugs, and for a frightening week hunger actually wormed into our lives.

FACTS:

Missouri emergency plans estimate 38,600 people would die in a major pandemic, about one in every 150 across the state. A full third would become ill.

Kansas is not as pessimistic. Expectations are that only 2,500 would die, about one in every thousand. Worst case for those ill: 20 percent.

Washington predicts a death toll from 210,000 (six times the normal number of annual flu deaths) up to 1.9 million.

In June 2007, we might look back and say: Where were the vaccines?

Researchers had prayed they'd have some time to tinker with their vaccines once the human-to-human mutation emerged, but prayers are not always answered.

Despite the billions Washington poured into labs, only about 4 million unusually large vaccine doses were ready before the outbreak.

Ultimately, it meant only 2 million people got adequate protection against H5N1's deadly power.

FACTS:

Heartland Kidney Network

The current stockpile of an experimental vaccine -- based on the current bird virus -- is enough to protect 4 million Americans.

President Bush's strategy is to have enough ready for 20 million people, as well as anti-flu drugs for 81 million.

A study shows the highest vaccine dose tested gives immunity to only half of those getting the two shots.

It might take four to six months to figure out a new vaccine.

Shots for all 300 million of us? It might take five years.

As it spread, authorities tried to isolate it, but it soon was as pointless as throwing water on a campfire amid a forest fire.

Many of us had been spreading the virus for days before even feeling sick. And we later realized many doctors missed the first alarms because the virus attached itself to cells deep in our lungs, not our upper respiratory systems. Thinking the disease was still comfortably distant, we made our usual hundred mile hops to visit grandmother or cheer at an away football game.

Even without a quarantine, movement in and out of Kansas City soon became a trickle. Motorists were wary of trying to go far with uncertain supplies of fuel on the interstates.

The airlines took yet another huge hit. Who wanted to climb into a tube with re-circulated air? And to keep essential flights in the air during the absenteeism, the feds ordered our air controllers out of KCI to beef up larger hubs in Chicago and Denver.

We quickly realized there d be little federal help. Everyone across the country was up to their eyeballs in sick people and collapsed systems in the following weeks.

FACTS:

The federal plan concedes quarantine and travel restrictions are unlikely to delay a pandemic by more than a month or two.

On average, each infected person will transmit the virus to two others.

An outbreak in a community should last six to eight weeks; multiple waves will spread over the country, each lasting up to three months.

The U.S. health services had hoped to have most health and emergency workers across the county vaccinated in time. That didn't happen, either.

Triage centers were set up, with masked nurses directing the wheezing, staggering victims into different lines.

At one point, a nurse turned to a friend and said, "I've got it, too; I've got to lie down." The second nurse escorted her inside, turned and started walking. "Hey," a doctor in the hallway called, "Where are you going?" She didn't turn around, just kept walking.

Doctors, nurses, emergency workers, all saw their ranks riddled, leaving fewer and fewer to deal with the desperately sick. Later, we would learn that many medical personnel didn't even show up.

FACTS:

Current vaccine stocks indicate that less than half of medical personnel and first responders would receive the early vaccine.

More than 40 percent of health workers said they would not go to work in a pandemic, according to one survey.

By January, the halls of hospitals were churning with chaos and terror, filled gurneys everywhere, some patients on the floor. A nurse wept as she directed body bags to a refrigerated truck behind Children's Mercy.

Briefed for weeks, even doctors were shocked at the rapid deterioration of their patients. Ventilators were switched from patient to patient as exhausted staff tried to get at least a little oxygen to some. Medicines for those not sick with flu also were scarce because of shaky distribution.

The only good news was that because of our medical resources, the mortality rate was nowhere near the 54 percent experienced in Asia before the big breakout.

FACTS:

"H5N1 seems to replicate more rapidly and attacks the lungs more aggressively. ... (Victims) developed eye infections, bleeding from the nose and gums, vomiting, diarrhea, high fever, viral pneumonia, Acute Respiratory Distress Syndrome, and multi-organ failure." -- American Council on Science and Health.

The Bush plan expects from 10 million to 15 million people sick enough to be hospitalized.

From the Kansas City response plan: "There may be critical shortages of health-care resources such as staffed hospital beds, mechanical ventilators, morgue capacity ... "

Rex Archer, director of the Kansas City Health Department, thinks the metro area would need 1,400 ventilators; the area has perhaps 250 now.

The flu knocked out a third of the local police force in the first weeks. Strip malls were trashed; some looting occurred.

Riots engulfed two clinics when word reached the rear of the line that no more medicines were left. A man holding a Glock 9 mm with one hand and a little girl in the other burst into the ER of the University of Kansas Hospital screaming for medicine for his "babies."

One Leawood doctor was found shot; later investigation found he had been selling Tamiflu for \$300 but was robbed by one of his customers.

In at least two cases, jittery gas station clerks shot innocent men coming in with surgical masks over their faces.

That was just the first wave.

FACTS:

A White House report issued early in May notes the National Guard could be deployed. "Social unrest occurs," predicted an earlier federal plan. "Public anxiety heightens mistrust of government, diminishing compliance with public health advisories."

Too much faith, it's now clear, was put into the antivirals. Tamiflu was one of the few drugs not compromised by overseas farmers indiscriminately using antivirals to save their poultry flocks, only to give the bug a chance to develop resistance.

Governments rushed to place orders, production was ramped up, but only about 20 million of the 10-pill treatments were ready by late 2006 before distribution collapsed. Desperate parents tried the Web or underground dealers but bought fakes.

At least one strain of the flu quickly became resistant to Tamiflu and ripped into the United States more virulent than ever.

FACTS:

Tamiflu reduces the duration and severity of the illness if used within 48 hours following symptom onset.

The Strategic National Stockpile plans to have 26 million treatments this year; 75 million by late next year.

Little Tamiflu is stockpiled in Kansas City. Archer said he had no confidence the virus wouldn't quickly become resistant.

It was a mild winter, fortunately, but you might have thought we were buried by the deepest blizzard. The social life of the city went dark. Theaters were empty; the Chiefs games were canceled (they couldn't field a team, anyway).

Christmas was a grim affair, with many homes dealing with grief. Families searching for some normalcy could be seen driving through the quiet Plaza (the lights blazed away as usual), but shopping was just a whimper of its old self.

We missed Christmas services, of course. Churches were closed; even funerals were banned.

The morgues were filled. Mass graves were dug in Swope Park and other open areas until later interments.

The Times Square ball dropped, and no one gave a damn.

And then the second wave hit. It was the worst and in a heart-rending repeat of the 1918 Spanish flu, seemed to seek out our young. Their lungs filled with shocking rapidity. In some of the children, before autopsies were abandoned, the cause of death was brain infections.

For a while, covered bodies lay in rows on the ice of a Johnson County rink, two of them young boys who had played hockey there just weeks before, The Star reported.

The whole city felt like the Pied Piper had paid a visit. Our children disappeared from view. Once Christmas vacation was over, schools remained closed, daycares locked up. Frightened parents stayed home, kept their kids inside, whether fevered or not.

Time Warner anticipated this and set up an automated way to load tapes into a satellite system to keep Cartoon Network on the air, no matter how many technicians got sick. Call it a Sponge Bob blessing to parents stuck at home with stir-crazy kids.

FACTS:

The H5N1 attack rate for children is predicted at 40 percent, worse than their parents.

Ice rinks are part of the Kansas City response plan.

The first panic buying had stripped the shelves. Store chains shut some stores and consolidated supplies at locations watched over by National Guard troops. For a couple of days, we had brownouts as power sources sputtered.

Some weeks the work force was decimated. In January, many companies told all their employees to stay home. A few tried to telecommute, but that made hardly a dent in the vast absenteeism that brought the economy wheezing to a near halt for nearly a month.

FACTS:

Some government agencies predict from 10 percent to 40 percent of the work force could be missing for weeks. Some will be sick, some will be caring for the sick, some will be dead, and some will be depressed and afraid.

Two-thirds of executives interviewed early this year said their companies had not prepared for the avian flu.

A severe pandemic could mean a \$700 billion hit to the economy, about that of a medium recession.

White, unmarked refrigeration trucks, the kind that once delivered produce to the City Market, now could be seen on residential streets, making pickups of the saddest kind.

Even for the lucky ones, life got much more complicated, grim. The city smelled with the halt of trash pickup. Streets were piled with snow a couple times, but that didn't bother the thin traffic as much as the un-repaired traffic lights. Plumbers? Impossible to find.

Until they ran out of patties or pizza dough, some drive-in food outlets saw lines stretch for blocks. Walk-in restaurants didn't reopen until March.

There were no lines at the chicken joints, however. People were suddenly terrified of poultry, despite the fact that the disease isn't carried by cooked meat. Tyson filed for emergency Chapter 11, its upbeat advertising campaign ignored and its poultry barns emptied by the flu.

The virus also ripped through hog operations; they say people 10 miles away were gagging from the smell of the hog houses in north Missouri.

So beef prices soared as feedlots and slaughterhouses suffered absenteeism and couldn't keep up with demand

But for some, just getting the money to buy scarce milk was a problem. ATMs weren't filled, the reduced staffs at some payroll offices were unable to get the checks cut.

FACTS:

Many will die in their own beds. Kansas City projects a system to pick up corpses at homes.

Officials suggest keeping five to seven days worth of canned food, water, etc. Extra cash and medications also are advisable.

The second wave had peaked by February, and the third came through in March. Most who came down with it by then had only mild cases. Some experts said we'd be fighting different strains for a year or more. Fortunately it seemed to burn itself out in less than a year.

Churches opened for mass memorials. When Easter got here on April 8, services about resurrection had tearful meaning; the holes left in the pews by the disease were filled with those who needed new inspiration, renewed hope.

We needed it. A wave of depression, post-traumatic stress, had set in. Suicides began taking up space in the morgues.

By then, however, priorities in the workplace had been well established; crucial supplies were coming in regularly. We learned we could do without some things, such as imports from China, where the work force had been riddled much worse than ours.

Schools began to reopen on accelerated schedules, and kids were bitterly disappointed by the curtailed summer vacation.

The Super Bowl was finally played on a May Sunday. Folks began shaking hands again.

And Stroud's reopened.

Resources On the Net:

Pandemic flu plan: <http://www.pandemicflu.gov> or <http://www.health.state.nm.us>

Death precedes summit

JAKARTA, Indonesia A 14-year-old boy who had been around dead birds died last week! of bird flu, officials said Tuesday, raising the country's death toll to at least 39.

The death was announced a day before some of the world's top experts were set to meet with Indonesian officials to try to map out a plan to get a handle on the H5N1 virus.

The meeting brings together scientists from WHO, the U.N. Food and Animal Organization and the Centers for Disease Control and Prevention.

The Associated Press

To reach Darryl Levings, call (816) 234-4689 or send e-mail to dlevings@kcstar.com.

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