

Avian flu: Is your practice ready?

Whether the bird flu scare is real or just so much hype, it doesn't hurt to have a commonsense game plan.

Jul 21, 2006 By: Robert Lowes Medical Economics

Annie Skaggs will be a road warrior if an influenza pandemic strikes her community. She's stocked her 1997 Ford Escort wagon with goggles, gloves, a heavy-duty mask, gowns, stethoscope, and other medical gear.

Pandemic flu timeline

1580 —First recorded flu pandemic began in Europe, spreads to Asia and Africa.	globe. Worldwide deaths estimated from 50 million to 100 million; over 500,000 US deaths. The pandemic comes before the era of antibiotics.
1700s —Three flu pandemics throughout the century.	
1830-1831, 1833-1834 —Two flu pandemics.	
1889-1890 —Russian flu spreads through Europe and reaches North America in 1890.	1957-1958 —Asian flu begins in China and kills 1 million people worldwide, including 70,000 Americans.
1918-1919 —Spanish flu, the worst influenza epidemic to date, circles the	1968-1969 —Hong Kong flu kills about 34,000 Americans.

Source: Influenza (pandemic) Vaccination Program Question and Answers, Military Vaccine (MILVAX) Agency, Office of The Army Surgeon General, US Army; www.vaccines.mil/documents/influenza_pandemic_QA.pdf

"My plan," says Skaggs, a solo FP in Lexington, KY, "is to make house calls to patients who catch it. That will keep those people out of my office and out of contact with the rest of the public."

Skaggs takes predictions of an influenza pandemic seriously, and studies show that most of her colleagues do too. Six out of 10 physicians think it's either very or somewhat likely that the dreaded avian flu virus will mutate and achieve human-to-human transmission within the next five years, according to HCD Research. Almost as many believe the virus will reach our shores.

It's a horrific prospect. An outbreak here could infect 30 percent of the population, kill 2 million people, and threaten critical infrastructures such as power plants, hospitals, and banks by keeping essential workers off the job for weeks at a time, according to the government's worst-case scenario.

Federal, state, and local governments are drafting contingency plans. But how does a doctor on Main Street prepare? Busy clinicians feel lucky if they can spend enough time with their patients and get their insurance claims out the door, much less get ready for a disaster that may never materialize.

Power Points

- Federal and state governments will distribute vaccines and antiviral drugs.
- A pandemic may keep 40 percent of your staff off the job.
- In a pandemic, defer nonessential office visits.
- Instruct patients to stay at home if an outbreak occurs.
- Don't prescribe antiviral medicines so patients can stockpile them.

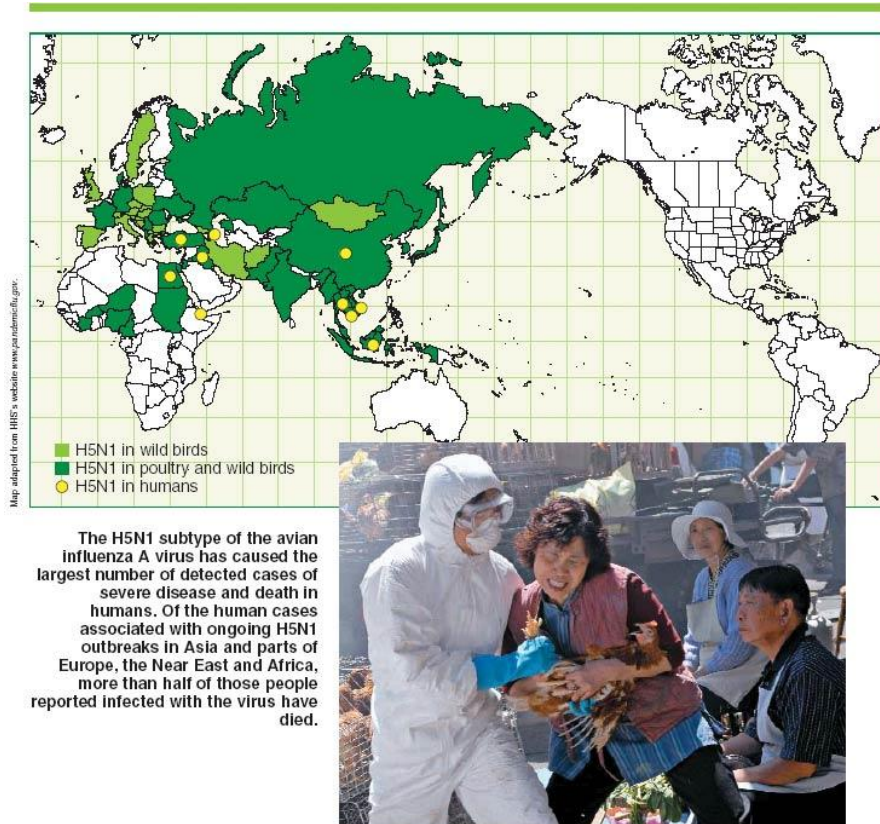
Fortunately, there are things you can do in advance of an influenza pandemic that don't involve panic or Herculean striving. Just learning how to monitor the threat is a start. And if the avian flu doesn't morph into a human pandemic, your efforts won't be in vain. As history has shown, some other killer flu like the one in 1918 could be around the corner.

While physicians like Annie Skaggs are ready to suit up for a pandemic, other physicians are watching, waiting, and wary of what they consider overblown predictions. "Looks like media hype that is pseudo-intellectual," says urologist Dan Witt in Hoisington, KS.

"This is not 1918," adds orthopedic surgeon Paul Ross in Pawlet, VT. "We have antibiotics at our disposal for secondary bacterial infections."

Older doctors, of course, remember the false alarms triggered by the Swine Flu episode of 1976. Fearing a pandemic, the Ford administration rushed to vaccinate the entire country. The program was cancelled in midstream when no pandemic emerged and those vaccinated were found to have a higher rate of Guillain-Barré Syndrome.

There's also skepticism about the nation's wherewithal to cope with a real pandemic, especially since it's a struggle just to vaccinate patients against seasonal influenza. Over three months during last year's flu season, 30 percent of physicians received none of the vaccines they ordered, according to the AMA. Only one in four received more than 80 percent of their order. The blame for such snafus falls on reduced vaccine production, as well as skewed distribution. Pharmacies and grocery stores, it's said, have an easier time getting their supplies than doctors do.



The federal government is stepping forward to solve these vaccine problems, but doctors have their doubts, and that's not surprising, given botched relief efforts after Hurricane Katrina. Almost 70 percent of physicians expressed little or no confidence in Uncle Sam's ability to respond to an avian flu pandemic, in a survey by HCD Research. But, the latest planning document from the Bush administration cautions that while the Feds are responsible for some public health jobs such as procuring and distributing vaccines and antiviral medicines, local communities will bear the brunt of battling a pandemic. So the role of individual doctors looms even larger.

To put your practice on pandemic alert, take these seven steps:

Know where to turn for help. HHS has set up an online headquarters called www.pandemicflu.gov. Here you'll find updates on avian flu outbreaks and vaccine development, resources for medical offices such as a preparation checklist, frequently asked questions, information on state-by-state planning, and links to key state government websites. You'll especially want to keep tabs on your state's public health department since it will play a big part in distributing any pandemic vaccine.

Other helpful websites include those for the Centers for Disease Control and Prevention (www.cdc.gov/flu/avian/index.htm) and the World Health Organization (www.who.int/csr/disease/avian_influenza/en). And check out the website for your state medical association for specialized resources it may offer.

Anticipate staffing needs. Up to 40 percent of your employees may miss work for two weeks at the peak of an influenza pandemic. They'll either be sick, under quarantine, caring for sick family members, tending healthy school-age children at home because schools have closed, or staying home to avoid contact with the public. You'll need to liberalize your sick leave policies to accommodate these kinds of absences.

"One good step would be to talk to your entire staff and gauge who could and would come to work during a pandemic," says FP Jonathan Temte, an associate professor at the University of Wisconsin School of Medicine and Public Health. "Based on what you hear, you may decide to shut down some services, such as an X-ray department or lab, so you can get by with fewer people."

Educate patients. Stay home! That's the most important advice you can give patients about a possible pandemic, says FP Annie Skaggs. "No work, no school, no shopping, no movies." However, Skaggs wonders whether that message will sink in. "People these days go to their jobs even when they're sick."

To help patients plan for extended home seclusion and reduce the risk of infection, give them the handout. You also can refer them to the websites listed earlier for more-detailed information about coping with a pandemic.

If worried patients ask you to prescribe an antiviral such as Tamiflu "just in case," before an outbreak, turn them down. The reason? Patients may take such medications when they're mistaken about flu symptoms and unwittingly increase a virus's resistance to the drug. And such stockpiling may create shortages for patients who are actually infected.

Develop a strategy for infection control. Frequent handwashing, often neglected by healthcare workers, will become even more critical if a pandemic occurs. Doctors and clinical staff will need to wear protective gear such as gloves, gowns, goggles, and N95 respirator masks that are fit-tested for air leaks.

Post signs instructing patients to tell the receptionist if they have influenza symptoms and reminding them of hygiene etiquette, such as covering the mouth with a tissue when they cough. Provide tissues and receptacles in the waiting room and exam rooms. Symptomatic patients should be given surgical masks as a further precaution and, if possible, scheduled together in dedicated time blocks to limit their contact with other patients, advises internist John Mitas, chief operating officer of the American College of Physicians.

Stock up on supplies. To cope with a surge of influenza patients, you'll need extra hand-hygiene supplies such as alcohol-based handrubs, tissues, gloves and gowns as well as masks for both clinicians and patients. Surgical masks for patients cost as little as seven cents a piece. Disposable N95 respirator masks, which offer more protection, are pricier at \$1 each, but won't bankrupt you. Although it's not recommended, if you reuse your own N95 mask in a pinch, wash your hands before you put it on and after you take it off.

Also, keep the N95 mask covered, perhaps with a cheap surgical mask, to prevent contamination.

Determine who's first in line for vaccines. By all accounts, vaccine supplies will be scarce at the start of a pandemic, so they'll be doled out judiciously. Two HHS advisory committees have recommended a priority list (at www.hhs.gov/pandemicflu/plan/appendixd.html) that will help you determine how much vaccine you'll need to order.

Aside from people who make vaccines and antiviral drugs, healthcare workers who deal directly with patients have the highest priority for vaccinations. The second group includes patients 65 years and older with at least one high-risk condition for influenza such as diabetes or emphysema, anyone from 6 months to 64 years with at least two high-risk conditions, and anyone over 6 months who's been hospitalized for pneumonia, influenza, or a high-risk condition. Individuals in this second group account for roughly 18 percent of patients in a typical primary care practice, according to Jonathan Temte.

Following this group are other tiers of patients, such as pregnant women and patients 65 and older with no high-risk conditions. There's a somewhat different ranking for antiviral drugs. Moreover, priority lists could change depending on which individuals wind up to be the most susceptible to an actual pandemic virus.

Plan to refocus your practice when a pandemic strikes. Be prepared to notify high-risk patients that they need to be vaccinated, assuming vaccines are available. To minimize the spread of a virus, postpone nonessential office visits like physicals and well-baby visits, and triage incoming phone calls and electronic messages to determine who really needs to be seen in person. Consider making house calls to infected patients to avoid bringing them into the office. If possible, don't admit patients to the hospital, where they're more likely to catch the pandemic virus, says internist John Mitas.

By taking these steps, you'll also organize yourself for other threats, notes retired Army Col. Jeffrey Elting, medical director for bioterrorism response coordination for the Washington, DC, hospital association.

"We've experienced monkeypox and SARS," says Elting, an FP. "We have Hantavirus outbreaks from time to time. You also have to consider terrorists who may resort to smallpox or some other agent.

"Preparing for an influenza pandemic blends together with other infectious-disease efforts."

Besides, thinking ahead is never a waste of time.

"Federalizing" vaccines—will it save more lives?

Physicians' ability to combat an influenza pandemic will hinge on how quickly they get their hands on vaccines and antiviral medications.

To speed things up, the Bush administration has set out to expand the nation's capacity to produce influenza vaccine so that within six months of an outbreak, there'd be enough for the entire population. One way is to create vaccines through cell cultures as opposed to the slower, more cumbersome method of growing them in chicken eggs. HHS has awarded \$1 billion in contracts to drugmakers to put this technology into high gear.

The administration also plans to stockpile enough "prepandemic" vaccine—now in development—to immunize 20 million people once a pandemic strikes. The pandemic vaccine, of course, is based on a virus that's transmitted from human to human. Prepandemic vaccines, in contrast, immunize against a precursor strain, such as the H5N1 avian flu virus that's spread from poultry to humans, but which hasn't yet spread between humans except on rare occasions. Prepandemic vaccines may offer a limited protection against a pandemic virus, delaying its spread, as well as serving as a primer for the eventual pandemic vaccine.

While doctors are accustomed to ordering seasonal vaccines from manufacturers or their middlemen, distribution of pandemic and prepandemic vaccines will be federalized. In the Bush plan, the federal government would distribute vaccines to state health agencies, which in turn would pass them on to healthcare providers. Exactly what this supply chain will look like is still under discussion. Check in periodically with your state public health department or medical society to find out about ordering information.

Putting the Feds in charge may be questionable to some, but sticking with commercial distribution could mean that big pharmacies get their orders filled while solo doctors won't, says FP Jonathan Temte, an associate professor at the University of Wisconsin School of Medicine and Public Health.

"In a pandemic, the private market wouldn't function well," says Temte, a liaison between the American Academy of Family Physicians and the federal Advisory Committee on Immunization Practices.

An Uncle Sam approach also applies to antiviral drugs such as oseltamivir phosphate (Tamiflu) and zanamivir (Relenza) used to both prevent and treat influenza. The Bush administration intends to stockpile 81 million courses of antiviral medications, distributing 44 million courses outright to states and making another 31 million available for sale should individual states want more. The Feds would retain 6 million courses to attempt to contain isolated domestic outbreaks.

All this planning looks good on paper, but even the government's best efforts may prove to be too late, cautions Temte. "It may take several months to produce sufficient supplies of vaccine to be of any benefit," he says. "By that time, the pandemic could be over."