AP-CA was one of 10 states chosen to participate in a collaborative meeting on April 27-28, 2011 with National AAP, the Center for Disease Control and representatives of public health departments to discuss pandemic preparedness. Specifically, lessons learned from the 2009 H1N1 pandemic were shared and concrete action plans to improve state-level pediatric preparedness were developed. AAP-CA was represented by Mark Sawyer, president of the California Immunization Coalition and Chapter 3 member; Nelson Branco, private pediatric practitioner and Chapter 1 member; Mary Doyle, Los Angeles Department of Public Health employee and Chapter 2 president during the pandemic and Rob Schechter, chief of technical assistance for the California Department of Public Health. Though the California action plan awaits concrete implementation, it begs the question: is California any better prepared?
**Background**

On April 26, 2009, a United States Public Health Emergency was declared with the global pandemic of H1N1 virus. Three immediate challenges to controlling its spread were recognized. First, unlike seasonal flu, it was anticipated to disproportionately affect children. Second, the statewide systems and strategies proven effective in preventing and controlling seasonal influenza would not work to control the spread of H1N1. And, finally, unlike other disasters that usually involve a single event and the aftermath of that event, H1N1 was a “slow moving” disaster that would require a sustained response over a longer period of time. Though mass immunization was the initial goal, immediate problems in vaccine production required revision of that goal to target high risk groups. Ongoing critical shortages of the vaccine and significant problems in vaccine distribution further challenged decision-makers with how to equitably divide this limited resource, particularly since an evidence base on which to make such an allocation decision was lacking. Fortunately, the threat of mass casualty did not materialize. But when the overall pandemic response was evaluated, by May of 2010, California had only managed to vaccinate 42.5% of its children ages 6 months to 17 years compared to the astounding rate of 87% achieved by Rhode Island. More notable was the fact that Rhode Island had vaccinated 85% of that same age group by the end of December 2009.

**The California Draft Action Plan**

Based on lessons learned from the H1N1 pandemic, a draft action plan for pandemic preparedness in California was devised that recommends four critical steps:

1. Convene a pediatric preparedness council with representatives from the major stakeholder groups including pediatric professionals and children’s hospitals, public health officials, parents, schools, day care facilities and the media. The purpose of the council would be to develop plans for the coordinated response to a mass pandemic and to establish protocols for centralized decision-making and centralized message development, likely at the level of the state department of public health. An emphasis needs to be placed on the development of simple, clear, concise & unambiguous messages executed at the local level through multiple channels of communication.

2. Develop a population database to assist with the equitable and appropriate distribution of resources needed to respond to an event requiring mass vaccination or medication. Based on what proved to be crucial to determining high risk or target groups, desired demographics should include age, sex, ethnicity, the existence of special health care needs, insurance source (private plan, public program dependence or none) and setting where medical care was usually provided (ie - private office, hospital-based clinic, FQHC center, Kaiser HMO or other).

3. Develop a statewide directory of the “preferred” method of contact for all physicians and health care institutions that could be quickly accessed for the dissemination of critical information during a pandemic. All available methods of communication should be offered including by telephone, FAX, text message, mail, email or social media.

4. Develop a mechanism to funnel messages and information “from the ground” or “from the frontlines” up through pediatric preparedness point people at crucial and trusted locations. Suggestions included the use of local AAP Chapters, local children’s hospitals and local departments of public health.
Where Do We Stand Today?

It was acknowledged at the conclusion of the conference that elements of what the California team proposed may already exist and that changes may have been instituted since 2009 to address some of what proved most problematic during the H1N1 pandemic. Here’s where we stand.

**Question:** In the event of another pandemic or bioterrorism event tomorrow, would the vaccine or post-exposure prophylaxis distribution system remain the same as what was used to respond to H1N1? Would CalPanFlu, the online system developed by the California Department of Public Health for H1N1 vaccine ordering, be used and if so, have any modifications been put into place to address the problems that arose with H1N1 vaccine distribution?

**Answer:** The CalPanFlu or equivalent website would be activated by the California Department of Public Health. The site and system have not been modified and the H1N1 call center ceased operations August 31, 2010.

**Question:** Are there any systems currently in place statewide to track populations with the kinds of information that was necessary to make vaccine allocation decisions during the H1N1 pandemic?

**Answer:** No

**Question:** Are there any existing data bases of physicians listing their preferred methods of receiving alerts during health incidents? Could one that is mandatory be adapted to reach all physicians, for example, the Medical Board of California?

**Answer:** There is no single data base of physician contact information that can be accessed for free by public health departments in the event of a mass emergency. Multiple organizations do keep physician contact information but most depend on the voluntary submission of information and none specifically request the physician to list a preferred method of contact for an emergency. Furthermore, many charge a fee for use of their database. During the H1N1 pandemic the LA Department of Public Health had to purchase contact information from the American Medical Association. Its messages were distributed for free locally by AAP-CA Chapter 2 to its members and by the California Health Alert Network (CAHAN) to those who voluntarily subscribed to receive such messages.
Where Do We Go From Here?

Obviously, the creation of a pediatric pandemic preparedness council, population database and network of pediatric preparedness point people will require a major organizational effort and long term commitment by many in this state at a time when resources are scarce and motivation may be flagging. But, the best way to start is to do something and here is what you as an individual pediatrician can do now:

1. Join the California Health Alert Network and receive rapid and secure communications 24/7 regarding imminent dangers to the health of your community. You will also become part of a coordinated effort to strengthen state and local emergency preparedness. Visit https://cahan.ca.gov for more information. As an organization, AAP-CA Chapter 2 receives these alerts and passes on those marked critical to its members.

2. Answer the annual American Medical Association Survey of Physicians and keep your contact information up-to-date with all of the professional organizations you belong to, particularly AAP-CA Chapter 2.

3. Become a member of the Medical Reserve Corps of Los Angeles. Established nationally in 2002, the Medical Reserve Corps serves to identify, credential, train and prepare its volunteer members to be available in the event of a catastrophic event where the demand for public health and medical services could overwhelm the existing medical infrastructure. MRC Los Angeles supports the Los Angeles County Department of Public Health Emergency Preparedness and Response Program by supplying the public health infrastructure with teams of trained volunteer professionals. Learn more at http://mrclosangeles.org or by calling (424) 244-1MRC.

4. Finally, help move along the AAP-CA Pandemic Preparedness Plan by volunteering to spearhead any of the action items. Currently, work is starting to see if the Medical Board of California will assist with the development of a statewide directory of preferred contact information for use in emergencies.

While another pandemic is not likely for some time, the 2009 H1N1 threat demonstrated that our need to better prepare is now.