Disaster Preparedness: Improving Preparedness in Georgia

In April of this year North Georgia was hit by some of the worst tornadoes on record. Ironically, at the same time representatives of the Georgia Chapter and the Georgia Department of Public Health were in Chicago attending a collaborative meeting between the CDC and AAP entitled “Enhancing Pediatric Partnerships to Promote Pandemic Preparedness.” Georgia was represented by Bob Wiskind, MD, Vice President of the Chapter, who served as team leader, Natalie Lane, MD, chair of the Committee for Emergency Medicine, Joel Goldstein, MD, vice chair for the Committee for Infectious Disease and Jill Mabley, MD, Deputy Medical Director in the Office of Emergency Medical Services of the Georgia Department of Public Health. Georgia was one of ten states (out of 29 applicants) to attend the meeting. Other states participating were California, Florida, Illinois, Michigan, Missouri, New Mexico, Texas, Utah and Virginia.

Prior to the meeting, the Georgia delegation met with stakeholders via telephone conference on multiple occasions to discuss the state’s response to the H1N1 pandemic. Included were representatives from the infectious disease community, Department of Education, Georgia Hospital Association, Department of Community Health and others. Participants on the calls delineated strengths and weaknesses within the state as it applied to the pandemic and then were asked to create an action plan for moving forward in preparedness for pandemics and disasters alike. Areas of strength included:

- Prioritization of H1N1 vaccine and antiviral medications to high risk groups.
- Pediatrician involvement on statewide planning committees (though there were often limited opportunities to provide meaningful feedback).
- A strong emergency planning structure through the Office of Emergency Medical Services.

In Augusta, joint efforts between local entities and health care systems developed a website (G-LINE) that proved useful for providing local information to physicians and the public during the pandemic.

Priorities included:

- Vaccine distribution and antiviral availability.
- Communication was less than optimal.
- Because of the decentralized nature of the state’s education system, approach to the pandemic was left up to the individual school districts, resulting in significant variability and inconsistency.
- Multiple task forces working in parallel rather than together.
- Information overload resulted from various authorities providing repetitive, and at times conflicting, information.
- Delays in response from public health because of its top-heavy structure.

Speakers at the April conference included Judith S. Palfrey, MD, AAP immediate past presidents, Joseph Bocchini, MD, Chair of the AAP Committee on Infectious Diseases, Georgina Peacock, MD, a CDC representative and Steven E. Krug, MD, Chair of the AAP Disaster Preparedness Advisory Council. Each state discussed their action plan and some of the key “lessons learned” from the pandemic. Dr. Natalie Lane represented Georgia in a panel discussion entitled, “Model Strategies: Incorporating Pediatricians into State-level Decision–making”. Chapter member Dr. Geoffrey Simon was on the organizing committee for the meeting and served as facilitator for one of the panel discussions. The two day meeting allowed for meaningful discussion and exchange of ideas. A key priority noted was the need to include clinicians in policy making on both the state and federal level. At the end of the meeting, each state was tasked with developing an action plan and submitting it to the national organization for eventual publication. The Georgia action plan identified the following as ways to improve preparedness:

1. Work to expand the capabilities of GRITS, specifically the ability to identify and track high risk populations.
2. Develop a state-wide “Pediatric Council” that would facilitate communication about child health issues and coordinate response to disasters and pandemics.
3. Identify a “Pediatric Champion” at each adult hospital/ER who can participate in 2-way communication and prepare the facility for treating pediatric overflow. A framework needs to be established to ensure that these champions are acting under the guidance of pediatric experts at the state level.
4. Identify “trusted spokespersons” at the local, regional and state level who can serve as local experts and reliable sources of information. Cultivate relationships with media at all levels so they will turn to these spokespersons during pandemics or disasters.
5. Develop web-based communication systems at the regional and state level that involve all stakeholders (public health, providers, hospitals, schools, parents).
6. Develop collaborations on the local level between schools and private entities to facilitate mass vaccination campaigns.
7. Promote 2-way flow of information between large organizing bodies (GHA, DPH, AAP and DOE) and members.

Please contact Drs. Wiskind, Lane or Goldstein through the Georgia Chapter Office if you are interested in championing any of these initiatives.

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