American Academy of Pediatrics  
“Enhancing Pediatric Partnerships to Promote Pandemic Preparedness” Meeting  

ILLINOIS STATE ACTION PLAN  
February 2012

Team Members:  
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State Model:  
The Illinois team proposes the development of a pediatric – public health advisory committee consisting of AAP members, other pediatric stakeholders and state and local public health officials. Optimally, this working group would meet on a regular basis to discuss public health issues that are relevant to children. These issues would include but not be limited to emergency preparedness, mass casualty or natural disaster response, communicable diseases, chronic diseases and environmental health topics. The working group would participate in preparedness plan development, provide input on public health policy and program development and could be mobilized to assist in emergency situations.

Key Challenges:  
1. Previously, the public health system had not engaged primary care outpatient providers and networks as well as they had engaged hospital-based providers and systems when developing pandemic plans. As a result, communication between public health and outpatient primary care providers, including pediatricians was suboptimal.

Action Steps:  
1. Develop a pediatric – public health advisory committee that meets regularly. See model description for details (above).  
A. Illinois Chapter of the AAP (ICAAP) leadership will develop a plan for convening this group and providing administrative support.  
B. Kenneth Soyemi and Julie Morita will work with Preparedness and Immunization Programs at IDPH and CDPH, respectively, to identify funding to support the administrative aspects of this committee.  
C. When this group is convened, Illinois Emergency Medical Services for Children (a collaborative program between IDPH and Loyola University Medical Center, aimed at improving pediatric emergency care and disaster preparedness within Illinois) will be engaged to assure that work that is done by both groups is complementary.

2. Develop systems for dissemination of information from public health to pediatric primary care providers.  
A. In non-emergency periods (e.g., inter-pandemic), state public health agencies should work with state chapters of pediatric professional organizations (e.g., AAP, AAFP) to establish systems for communicating emergency and non-emergency public health messages to the organizations members. (e.g., broadcast fax, email, conference calls).  
B. During public health emergencies, representatives from state chapters of professional organizations (e.g., AAFP, AAP) should be invited to participate on state public health conference calls.  
C. During public health emergencies, public health agencies should disseminate information through the systems used by the Vaccines for Children Program to communicate with their providers.

3. Develop systems to support delivery of vaccines in school setting during non-emergency periods. These systems will serve as the foundation for delivery of medical countermeasures including medications and vaccines to pediatric populations during emergency situations.

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