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

MISSOURI STATE ACTION PLAN
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State Models:
1. Previous efforts to enhance pediatric/public health collaboration through Pediatric Advisory Committee to the Missouri Department of Health and Senior Services (DHSS).
2. Proactive strategy for engaging private practices in discussions about vaccine distribution.

Key Challenges & Questions:
1. Mechanism for timely, efficient, and accurate communication
2. Lack of quickly available and reliable diagnostic tests early in an epidemic. Can we develop a useful clinical definition?
3. Lack of consistency across agencies in guidelines for returning to work, child care, or school
4. Effective vaccine distribution across county lines and state variations
5. Care providers who advocate clinically incorrect or inappropriate approaches such as avoiding vaccine
6. Lack of pediatric inpatient and intensive care beds, especially outside large urban areas
7. The need for altered standards of care during a mass casualty event, such as pandemic influenza, including rationing of antivirals, equipment, or intensive care beds.

Action Steps:
1. Establish a contact list (including address, office phone, cell phone, email, and website/social network) so info can be pushed out to practitioners. Sources for the list could include state board of healing arts, local public health agencies, hospitals and coverage networks, AAP, AAFP, and other organizations.
2. Consider how to incorporate social networking such as Twitter, Facebook, and others so accurate information can be both acquired from practitioners and disseminated as rapidly and widely as possible.
3. Restart the Pediatric Advisory Committee at Missouri DHSS or an equivalent group. Meetings can occur via phone, email, or perhaps in person (if we can obtain dollars for travel).
4. The committee needs hospital representatives. This might be handled through MHA. Other representatives should include infectious disease, emergency department, intensivists, primary care pediatrics, family practice, public health professionals, and possibly OB/GYN (for immunization considerations especially).
5. Establish a website with input from state health and committee representatives as well as physicians at large that can provide rapid access to the latest evidence and recommendations. It is important to inform practitioners of the justification of recommendations if they desire that information.
6. Examine current response plans to determine gaps related to pediatric care. Plans will need to be relatively generic (AKA flexible) to allow for response to as many threats as possible. Disseminate these plans to practitioners so everyone understands their role in response.

For more information, contact Laura Aird, MS, Manager, Disaster Preparedness and Response
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7. Many exercises occur at the county, local, and hospital level within the state. A clearing-house to gather lessons learned from all of these may prove valuable and should certainly improve efficiency in the planning process.

8. Develop a vehicle to support physician/public health relationships at county health department levels. Possibilities include webinars or “lunch and learn” sessions. This can be particularly important in small, rural counties. The communication list is again the key.

9. Insure that local, county, or regional disaster recovery committees and workgroups have a pediatrician or support from the Missouri AAP Chapter to insure that children’s needs are addressed.