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

UTAH STATE ACTION PLAN
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State Models:
1. Delivery of disease surveillance information (i.e. Germwatch, weekly influenza summary reports) in an easily accessible way (i.e. website postings)
2. Implementation of regularly delivered communication (re: surveillance/disease trends, treatment recommendations, etc.) via email listservs to clinicians
3. Development of triage guidelines to help standardize approach to triage of both pediatric and adult patients statewide, utilizing input from clinical partners and local healthcare resources.

Key Challenges:
1. Development of systems to ensure and enhance communication between federal, state and local Emergency Operations Centers (EOC) and front line clinicians during disasters and/or pandemic disease episodes.
2. Develop systems to ensure the information being relayed is presented in a manner that front line clinicians can trust.
3. Limit the “information overload” that can easily take place when information is being sent from multiple sources.
4. Obtaining feedback from clinicians to public health (two way communication) to establish 1) if information was useful, 2) suggestions for how to improve its utility, 3) if unusual patterns/trends were being noticed, etc.
5. Create a sustainable model for inclusion of pediatric representatives at the statewide level within the Department of Health.

Action Steps:
1. Develop and implement a communication system between established and operating EOCs at the federal, state and local levels and local medical associations (i.e. AAP, AAFP, ACEP, and other appropriate physician organizations in Utah). Include representatives from target organizations on list serve, conference calls, and other appropriate communication vehicles used to disseminate information to organizations and practitioners during an identified disaster or pandemic response. In addition, these physician organization liaisons would act as a means of providing two-way communication via review and consolidation of communication sent from constituents.
2. Encourage target organizations to review information provided and determine application and appropriateness to their constituents/patients and use appropriate communications to educate and treat patients seeking frontline primary care. Encourage them to forward emails from the state after appropriately vetting the information in a timely manner. In addition, including a time-stamp, the logo of the vetting organization(s), and clearly identified changes/updates to existing information.
3. Consider developing a website that could regularly post information in an emergency with the ability to allow individuals to sign up to receive emails with new information (e.g. daily or weekly “digests”, etc.). Include primary care providers in communication concerning web sites, printed resources and other information disseminated by the public information officers in an EOC established during a disaster or pandemic event, including establishment of a “Pediatric Desk” in the EOC to field pediatric inquiries.

For more information, contact Laura Aird, MS, Manager, Disaster Preparedness and Response
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specific calls/issues. In addition, investigate use of social media directed at both laypersons and healthcare professionals (consider two separate accounts) for information sharing.

4. Investigate the ability of USIIS (The Utah Statewide Immunization Information System) to aid in the identification and tracking of high-risk populations in the event of a pandemic. Ideally, healthcare professionals could identify their patients as “high-risk” prior to a pandemic or disaster and this could be used to identify those in need of interventions (i.e. vaccinations), and track their access to resources.

5. Access and include resources and “lessons learned” from Primary Children’s Medical Center, the only children’s hospital in the state, and include their experiential input into the development of modified standards of care in disaster/pandemic situations. Build partnerships between institutions and find “pediatric champions” at various hospitals in the state.

6. Investigate partnership with Department of Health’s Division on EMS and Preparedness, including EMSC, as these are under the same leadership and attempt to create a “Pediatric Advisory Committee” within this entity. In addition, investigate the usefulness of the Department of Health’s “Pediatric Strike Team,” a pediatric-specific disaster response team, and their utility in pandemic situations.

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