

State / Local Government Collaboration Working Group Meeting Summary

Association of Minnesota Counties (AMC)
League of Minnesota Cities (LMC)
Minnesota School Boards Association (MSBA)
Minnesota Association of Townships (MAT)
State of Minnesota

Thursday, April 27, 2006 8:30 a.m. – 10:30 a.m.

League of Minnesota Cities, 145 University Avenue West, St. Paul, MN

Attendees:

AMC: Nancy Schouweiler, Bob Fenwick, Mary Kummer, Laurie Klupacs, Scott Simmons.

LMC: Marvin Johnson, Jim Miller, Kevin Frazell, Sarah Dirksen, Eric Willette.

MSBA: Dennis Halverson, Barbara Klaas, Bob Meeks.

MAT: Loren Ingebretsen, David Fricke, Dan Greensweig.

State of Minnesota: Dan McElroy.

Guests: Jim Franklin – Minnesota Sheriffs Association, Dr. Harry Hull – Minnesota Department of Health, Julie Ring – Local Public Health Association, Lowell Johnson – Washington County / Local Public Health Association, Robin Thompson – Division of Homeland Security and Emergency Management, State of Minnesota.

The Minnesota School Boards Association chaired this meeting. Barbara Klaas, President of MSBA, called the meeting to order and welcomed the group.

There was general consensus that members not able to attend these meetings are allowed to invite an alternate to attend in their absence in those cases where both association members are not able to attend.

Harry F. Hull, M.D., State Epidemiologist, Minnesota Department of Health gave a presentation on preparing Minnesota for Pandemic Influenza. He noted that we are facing an unprecedented and uncertain threat. Usually viruses are species specific. The Pandemic Influenza is a high pathogenic bird virus that kills the birds. The virus started in the wild bird population and is spreading rapidly across Europe.

The bird virus has the ability to cross over and be transmitted to humans. The mutated virus may allow it to be transmitted from human-to-human.

The definition of Pandemic is: An epidemic over a wide geographic area and affecting a large proportion of the population. To date, there have been: 191 total cases in 9 countries, 108 deaths (57% mortality rate), no sustained human-to-human transmission and there is concern about under reporting.

The Pandemic Influenza is a novel influenza virus detected in humans that was not previously known to infect humans. There is little to no immunity in the general public and it infects all age groups. The novel virus spreads from person-to-person throughout multiple countries and continents.

There have been three pandemics in this century.

- 1918-1919 “Spanish Influenza”
- 1957 “Asian Influenza”
- 1968 “Hong Kong Influenza”

All were bird viruses that mutated into a human virus. The Spanish Influenza was by far the worst, and spread around the world in six months. We need to plan for the worst, and hope for the best.

Using the 1918 Spanish Influenza outbreak statistics as a guide to create estimates about what we would see in Minnesota, the projected health impact in Minnesota is as follows:

- 1,544,000 ill
- 772,000 outpatient medical care
- 15,000 - 172,000 hospitalized
- 2,250 – 25,700 ICU care
- 1,120 – 12,900 mechanical ventilation
- 3,600 - 32,900 influenza deaths
- Outbreak period - 6-8 weeks

There are an estimated 8,000 beds available in Minnesota. There are substantially less than 1,000 mechanical ventilation machines that would be available. There is currently a nursing shortage, which would be exaggerated due to those that become sick, stay home to take care of sick family members, or are too scared to go to work for fear of contracting the virus.

It is unclear if antiviral medications will work. The Federal Government would like to have enough antiviral medication to treat 25% of the population. If there is a virus outbreak this year, there won't be enough. If it comes next year, there likely will be enough.

SARS was controlled strictly by isolation and quarantine. That approach will not work for the influenza virus because this virus spreads up to 48 hours before symptoms are present. The strategy to be used for the influenza virus is social distancing measures which include closing schools, banning public gatherings, limiting travel and stockpiling emergency supplies.

The potential economic impact of pandemic flu for USA – 30% of employees out for 3 weeks, 2.5% of employees dead, permanent loss of income for business relying on people congregating, and temporary loss of income for some businesses such as retail..

If severe pandemic: 5% decline in GDP = \$500 billion, 0.75% decline in work force. If mild pandemic: 1.5% decline in GDP = \$150 billion, 0.03% decline in work force.

Goals of MN Planning: Maintain the elements of the community infrastructure necessary to carry out pandemic response, minimize social disruption and economic loss, limit spread of disease, minimize mortality, stay flexible as the situation unfolds because we are waiting for something and we don't know what it is.

Challenges for State Government during a Flu Pandemic:

Safety and Security – maintaining essential state services, maintaining infrastructure, maintaining order, keeping citizens and businesses informed so public doesn't panic. Problem: how do we screen people coming from infected areas? They may be a carrier but due to no symptoms they move around potentially infecting others unknowingly.

Disease Control – disease detection and tracking, mass vaccination (reviewed who is authorized to give vaccines and provisions in an emergency to increase the numbers of who can administer vaccines), distribution of antiviral drugs, recommendations on measures to reduce transmission, control of disease in poultry and wild birds.

Caring for the ill – hospital networks, sharing limited medical supplies, off-site care facilities, keeping medical staff health and on the job, mobilizing volunteer health staff, limiting liability for care providers, mental health, care for the deceased.

People dependent on the state – Institutions, economic assistance, access to food and essential supplies for people at the margins of society.

Economic impact – economic disruption with decreased activity, temporary business closures, bankruptcy, increased unemployment, decreased tax revenues, increased demand for health care.

Business planning – impact on businesses; identifying essential activities and employees, plan for increased absenteeism, travel modifications; impact on employees and customers; decrease the frequency of face-to-face contact, evaluate access to healthcare, forecast and allow for absences = involves creative thinking; people need to get the idea that they may be doing something in another area of their skill set. Keys: educate, anticipate fear, build a platform for communicating with employees.

More information available at state website: www.pandemicflu.gov and www.cdc.gov/business

Question: Are we on our own as local governments? Flu is different than bioterrorism because that's in one spot, the flu is spread out all over. So local governments need to ask how we can sustain in our communities; identify critical services, cross-training staff and continue essential services; likely not going to get people from the State into our

communities to help, expect provided guidance and information from the State level. With the 9-1-1 mentality, we need to tell people to have the ability to survive for several days – at least 72 hours. In the meantime, ask if you can help your neighbor. That should be the public message.

Preparedness in several areas will apply for this pandemic i.e. 1 gallon water, canned goods, medical kit. Cultural shift – teaching our kids and ourselves to self-survive. Public will listen harder when human-to-human contact begins however then it's too late.

Question: How do we get to people with the message?

Suggestion: reward with an incentive to take the steps to prepare or put a human-interest angle with what folks are stockpiling.

One message within governments = on own and working together. Desire at the local level for the folks dependent on the state (which turns into a local job to help) need the ability and assurance of things we can do locally and independently.

One message for public = need to be realistic and put positive message out about stockpiling, etc.

Suggestions:

- 1. We should explore how to develop community-based leader groups and get them together to plan.**
- 2. This meeting topic is more than one meeting – continue at the next meeting.**
- 3. Churches and other non-profits should be invited to the next meeting**

Dr. Hull projected where it will start: major economic centers are where it will start in Minnesota; people traveling to other countries and bringing it back will be more likely than bird to human transmission. If it comes to MN as a bird virus, it will affect birds.

Guests Robin Thompson, Julie Ring, and Lowell Johnson emphasized planning meetings have been occurring for years. They handed out schedules / flyers indicating Homeland Security and Emergency Management meetings and Public Health Dept meetings occurring for planning and communication.

Suggestions:

- 1. Collaboration Working Group members should encourage participation and attendance to the planning meetings for Public Health and Emergency Management levels.**
- 2. Have “continuity of operations plans” and add to the physical part the employee aspect.**
- 3. Review and identify essential services and identify skill sets within those services.**

One goal: get good information out to public from trusted local person in each community – a credible source.

Emergency Powers Act (EPA):

Suggestion: smaller group studies this and brings back to bigger group. Group decided to do this once we are at that point; we still have bigger group work to do and a lot to learn as a full group.

Group discussed who would be best person to speak on the EPA.

Suggestion:

Invite Health Department legal representative who can talk about the Emergency Powers Act – Steve Shakman, as well as Aggie Leitheiser as a planning leader.

Suggestion:

Next meeting is set to have 1st hour for presentations; 2nd hour for what that means and next steps to take as a Collaboration Working Group. That allows for our own discussion among ourselves after we hear what is in current law.

Next meeting: Wednesday, May 31 from 8:30 a.m. to 10:30 a.m. at League of Minnesota Cities. The Minnesota Association of Townships will chair the meeting.

Group adjourned.