

Flu outbreak a grave threat
U.S. ill-prepared for a pandemic

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The glossy emergency department of Emory Crawford Long Hospital in downtown Atlanta is one of the metro area's newest and best-equipped.

It boasts computerized systems to track patients' time in the waiting room, an "express care" unit to lessen demand for its always-full beds, and a tent that can be inflated in the parking lot to treat victims of a large toxic or chemical emergency.

But there is one thing it does not possess: the ability to handle the nightmare challenges that a world-spanning epidemic of influenza could bring to Atlanta.

"We're prepared for large infectious disease outbreaks, even for bioterrorism," said Dr. James "Pat" Capes, the unit's medical director. "But pandemic flu is going to overwhelm the health care system."

Capes is not the only one who feels that way. From local hospitals to the federal government, a consensus is growing that the United States is critically unprepared to counter a countrywide outbreak of influenza and could not slow or stop the disease if it struck in the near future.

Preparations for pandemic influenza — the term for an epidemic that begins in multiple places at the same time — have been in the works for more than a decade. They have taken on fresh urgency because of the rapid advance of avian influenza H5N1 from Southeast Asia across Russia and into Europe — and also because the slow, disorganized federal response to Hurricane Katrina illustrated the fatal results of failing to plan adequately for a disaster.

The disease has spread to 14 countries so far, sickening at least 118 people and killing at least 61, and racked up fresh human cases just last week: a hospitalized father and son in Indonesia, and Thailand's first death from bird flu this year. Those new illnesses inspired fresh fears that bird flu is moving closer to the development researchers fear most: its evolution from a disease that rarely infects people to one that can be passed easily from person to person.

Yet despite years of planning, Cabinet-level federal departments cannot agree on who would be in charge if a pandemic strikes. Both the Department of Health and Human Services and the Department of Homeland Security have claimed the lead position — and HHS's national pandemic plan, which will be released shortly, is not expected to resolve the dispute.

Despite almost-annual disruptions in the supply of vaccine for regular influenza, the United States has not taken steps to boost the shrinking number of vaccine manufacturers or increase the amount of vaccine made within the country.

Clinical trials for an avian influenza vaccine are under way, but key questions — How fast could a vaccine be produced once a pandemic began? How much vaccine would be available, and who would receive it? — remain unanswered.

And despite warnings from disease experts, nonprofit organizations and its own consultants, the United States has lowballed its orders for Tamiflu, the only anti-viral drug believed to be effective against bird flu, choosing to stockpile enough to protect 2 percent of its population rather than the 25 percent chosen by other countries and recommended by the World Health Organization.

Though the government has recently vowed to buy more — in September, Congress appropriated \$3.9 billion to purchase anti-virals — the drug's lone manufacturer says the order cannot be filled until 2007, because the United States must now stand in line behind 25 other countries that placed their orders first.

"We are not prepared," Dr. Julie Gerberding, director of the Centers for Disease Control and Prevention, told an Atlanta business gathering last week.

"We are certainly more prepared today than we were five years ago, and the world is more prepared today than it was last year. But we are far from being able to do what we optimally could do to protect people."

The slow pace of preparation has provoked sharp criticism from a wide array of health authorities, including those familiar with the government's best-funded effort, its multibillion-dollar preparations for bioterrorism.

"We are betting the nation that this may not happen soon," said Dr. Tara O'Toole, chief executive officer and director of the University of Pittsburgh Medical Center's Center for Biosecurity. "There is still no strategy; there is still no one in charge."

The imminent release of the HHS pandemic flu plan will do little to change that perception, the experts said, pointing out that a version leaked to The New York Times two weeks ago is short on practical details.

"Our greatest vulnerability is that we don't have operational battle plans in place," said Dr. Shelley Hearne, executive director of the nonprofit, nonpartisan Trust for America's Health, which has called for the appointment of a Cabinet-level "flu czar."

When a pandemic strikes, state governments — which have been drafting individual flu-preparation plans as a condition of receiving federal bioterrorism grants — will be forced to rely on their own resources, planners say.

"The cavalry is not coming over the hill," said Dr. Kathleen Gensheimer, Maine's state epidemiologist, who has participated in state and federal flu planning. "This will not be like Katrina, where the damage is confined to one region. Localities will be on their own for up to a year."

Whether and how to prepare for a flu pandemic is not a new discussion. The federal government developed its first plan in 1978 and began revising it in 1993. HHS released a 50-page draft in August 2004. Academics and government workers who have been part of the process say rewriting — particularly of the plan's quarantine provisions — continued through last week.

The long process has put the United States behind other industrialized nations such as Britain and Canada that published their plans months or years ago. The lag has

provoked impatience: The nonpartisan Government Accountability Office called for a final plan six times in the past five years. The Trust for America's Health warned in June that the delay left the country vulnerable to wide social and economic disruption if a flu pandemic strikes.

Health authorities, including the World Health Organization and the Centers for Disease Control and Prevention, predict that a pandemic will occur at some near-future point. There have been 10 in the past 300 years; the last was in 1968, and the next is considered overdue.

The authorities say confidently that if the H5N1 bird flu strain that arose in Southeast Asia two years ago — which has also caused the death or preventive slaughter of 150 million birds — does not mutate into a highly transmissible form that could cause a human pandemic, another flu strain will arise that does.

So far, bird flu has killed more than 50 percent of people known to be infected. But despite the decades of planning, authorities cannot agree on how much damage a pandemic might do — though all of their predictions are grave.

The most extreme predictions for the United States are for 150 million cases of the flu and 1.9 million deaths.

Several analysts have warned that a full-fledged pandemic would pair huge rates of death and illness with crippling economic damage. Dr. Martin Meltzer of the Centers for Disease Control and Prevention estimates the possible cost to the United States of a flu pandemic at up to \$166 billion.

The economic impact of a pandemic could rival the Depression, according to an August analysis by the Canadian investment house BMO Nesbitt Burns.

Oil prices and commodity markets would crash; transportation would collapse as countries close their borders; and just-in-time supply chains of food, goods, manufacturing components and medical supplies would be cut, the investment firm said.

Businesses should expect to lose one-fourth of their employees for up to four months, the Trust for America's Health said in June.

Planners are also concerned that the flu's impact would fall hardest on institutions and governments that are already struggling. Hospitals and emergency rooms are already overcrowded, and state health care is stressed because of budget cuts.

Some planners are urging states and the federal government to engage the public and the business community in frank conversations about a pandemic's likely realities.

"We need to assure the food supply, drinking water, heat in Northern climates," said Dr. Michael Osterholm, founder of the Center for Infectious Disease Research and Policy at the University of Minnesota, who has consulted with HHS on the federal plan.

"We need to make sure we have pharmaceuticals for conditions other than influenza. And we need the capability to process, respectfully and with dignity, the bodies of up to 1.9 million people who might die over the course of a year."