This tool was developed as a slideshow prepared using PowerPoint® presentation software that you can use to provide an orientation to planning and response staff and volunteers (e.g., emergency response personnel, community health responders) who are not familiar with pandemic influenza or its potentially wide-ranging effects on communities.

The tool introduces the viewer to:

1. The disease and its symptoms, and how the disease spreads
2. The measures that can be taken to limit the spread of the disease and reduce its impact
3. Background information about past pandemics, their impact on communities, and lessons learned from the planning and response efforts that took place then
4. How a pandemic is expected to start in a municipality

This tool consists of two parts: a PowerPoint presentation with notes and a separate slide-by-slide Presenter Guide. The notes provided in the slides and in the guide are to assist you in presenting the material. It is important to note, however, that as the presenter, you should review and modify the slides as needed to accurately reflect the local language and the local context.

**NOTE:** A print-out of the PowerPoint slide presentation and the presenter guide immediately follow. For the electronic version of the presentation, please refer to the companion CD-ROM in this toolkit.
LEADERSHIP DURING A PANDEMIC: WHAT YOUR MUNICIPALITY CAN DO

What is an influenza pandemic?

What is avian influenza (bird flu)?

How will the pandemic start in my area?

How can municipalities prepare?

What is seasonal influenza?

How is influenza spread and how is it treated?

What can be done to slow or decrease the impact of a pandemic?

What have we learned from past pandemics?

What will life be like during the pandemic?

SLIDE 1: UNDERSTANDING THE THREAT OF A SEVERE INFLUENZA PANDEMIC

Whether from a more lethal strain of H1N1, or a completely new virus that emerges, the threat of a severe influenza pandemic (global influenza outbreak) is real. Leadership from municipal authorities and from respected community members is needed to prepare our municipalities, reduce the impact of an influenza pandemic on individuals and families, and reduce or even prevent serious damage to the economy.

A mild pandemic may resemble a severe outbreak of seasonal (usual) influenza, but a severe pandemic could result in economic and social catastrophe. While it may not be possible to prevent a severe pandemic from reaching your local area, there is much that local governments and their leadership teams can do to prepare to lessen the impact.

If a country is not adequately prepared, a severe pandemic will not only cause many influenza cases and deaths, it will also impact the country, municipalities, and families economically. The central government alone cannot prepare the nation for an influenza pandemic—this challenge requires your help. As a leader in your municipality, you can play a powerful role by providing information and guidance to encourage people to prepare—either through your position of authority in the municipality or through contacts with your colleagues, friends, neighbors, and others.

You can also send a powerful message by preparing for the pandemic yourself.

SLIDE 2: INTRODUCTION TO PANDEMIC PLANNING AND RESPONSE

The goal of this presentation is to give you a sense of what a pandemic is, how we expect it to begin, what will happen to people and to the economy, and how you can prepare for it. During this presentation, we will answer the following questions:

• What is seasonal influenza?
• What is an influenza pandemic?
• What is avian influenza (bird flu)?
• How do seasonal, avian, and pandemic influenza differ from each other?
• What are the symptoms of influenza?
• How is influenza spread and how is it treated?
• What have we learned from past pandemics?
• What can be done to slow or decrease the impact of a pandemic?
• How will the pandemic start in my area?
• What will life be like during the pandemic?
• How can municipalities prepare?

SLIDE 3: WHAT IS SEASONAL INFLUENZA?

This slide summarizes seasonal influenza. Nearly every country in the world experiences seasonal influenza outbreaks every year. It is a cause of many cases of illness, deaths, and increased healthcare costs.
Although the symptoms of the pandemic influenza are similar to typical seasonal influenza, it is possible that other symptoms may appear. Continue to check the World Health Organization Website (www.who.org) and national authorities to obtain updated information on symptoms.

Influenza in children is often harder to diagnose because the most common symptoms in children may differ from those in adults.

A pandemic is a global outbreak of a contagious disease. A pandemic of influenza occurs when a new variety—or strain—of influenza virus emerges that is able to spread directly from one human to another human. Because people have not been exposed to such a new virus, they will have little or no immunity (resistance) to it. Therefore, the disease can spread easily among people and travel quickly around the world.

In addition to the 2009 emergence of the H1N1 pandemic virus, three influenza pandemics occurred in the past century: the very severe Spanish Influenza pandemic in 1918, and two milder ones in 1957–1958 and 1968–1969. The last two pandemics were relatively mild, resulting in a worldwide distribution of severe illness in people of all ages, many lost days of school and work, and an estimated 2.5 million deaths, mostly in people over the age of 60. The first of these pandemics—that of 1918–1919—caused an estimated 40 million deaths in people of all ages, with many deaths of otherwise healthy young adults. Articles published in scientific and medical journals at the time describe severe illness and death, with a breakdown of routine health and burial services in almost all major cities, closure of public gathering places, and isolation or quarantine of those infected or those exposed to infected people in an attempt to stop the spread of infection.

A pandemic causes many illnesses and deaths for two main reasons: (1) the entire world’s population is vulnerable because they have no immunity against the virus, and (2) it often causes a more serious version of the illness with more complications—such as pneumonia, dehydration, and an acute respiratory distress syndrome—compared with a typical seasonal influenza.

In a pandemic, nearly all people worldwide are susceptible to the virus, and around 30% of the population becomes sick. The percentage of the population that gets the illness is nearly twice that of a typical seasonal influenza epidemic. The number of people that die from a pandemic is related to the severity. In a usual influenza, the death rate is very low. In 1918, the case fatality ratio (the ratio of people who die from the disease divided by the number of people who get the disease) was around 2%. This means that 2 of every 100 people that got the disease died from it. It is well accepted that populations that have fewer resources and other risk factors experience much higher death rates.

It is very important to remember the differences between seasonal influenza (usual influenza), and pandemic influenza. Seasonal and pandemic influenza are similar in a number of ways, such as the mode of transmission of the virus. However, they also differ in important ways.

First, in contrast to pandemic influenza, people have some immunity to seasonal influenza built up from previous exposure to the viruses. Second, symptoms of pandemic influenza may be more severe than seasonal influenza, and more people are likely to die from pandemic influenza than from seasonal influenza. Third, pandemic influenza could happen at any time of the year, whereas seasonal influenza usually occurs in the fall and winter in non-tropical areas. Finally, vaccines for seasonal influenza are available each year and are based on known circulating influenza strains, whereas vaccines for pandemic influenza may not be available for 4–6 months after a pandemic starts. This is because it takes 4–6 months to develop a vaccine once the new viral strain is identified.

Many people confuse bird flu with a pandemic, but they are very different diseases. Avian influenza (bird flu) is a disease of birds, not humans. It infects wild birds (such as ducks, geese, and shorebirds) and domestic poultry (such as chickens, turkeys, ducks, and geese). The strain known as H5N1 is only one of many strains of bird flu viruses. (Similarly, seasonal human influenza has many strains. This is why we have to develop a new vaccine every year.)

Bird flu outbreaks result in high economic losses because it is necessary to kill birds to contain the spread, but these outbreaks are not usually a risk to human health. H5N1 is a very deadly strain that is rapidly spreading in some parts of the world. Although the virus does not usually infect people, it is possible for humans to become infected under certain circumstances, such as direct contact with infected poultry. In fact, more than 400 human cases in 15 countries have been reported since 2004.

Most people who have become sick or died from this virus have had extensive, direct contact with sick poultry. However, evidence suggests that H5N1 is changing, and experts are concerned that the virus may become capable of directly infecting humans and spreading from person to person, potentially resulting in a human influenza pandemic. This is why the WHO is watching this virus so closely.

At this time, H5N1 is still a bird virus, not a human virus. If it becomes a human virus, we will see more human cases clustered together, and ultimately the appearance of a strain capable of spreading between humans. However, as we saw with the emergence of H1N1, it is also possible that an entirely new influenza virus can appear at any time, or H1N1 could change over time into a more severe strain. Scientists worry that the current situation of the presence of H5N1 (a very lethal animal virus) and H1N1 (a milder human virus) could result in a new virus that could cause a very severe pandemic.
SLIDE 10: WHAT IS SWINE INFLUENZA?
Swine influenza is an influenza A virus that causes infection in pigs. Like avian influenza in birds, it can sometimes cause illness in humans in close contact with infected pigs, but humans cannot transmit it to other humans.

SLIDE 11: WHAT IS H1N1?
H1N1 is the new virus that emerged in 2009 in Mexico City and quickly spread across the globe. It was declared a pandemic in June 2009. The virus was initially referred to as “swine” influenza because the virus was found to contain genetic material from swine influenza A strains, as well as avian and human strains. However, while the H1N1 virus appears to have emerged, at least in part, from a pig virus, this is a human virus, and people get it from people—not from pigs.

SLIDE 12: HOW DO SEASONAL AND PANDEMIC INFLUENZA SPREAD?
The pandemic influenza virus is expected to be transmitted in the same way as seasonal influenza—through large respiratory “droplets” that contain the influenza virus. These droplets are released through coughing and sneezing and can then come in contact with the nose or mouth of a healthy person—or they may be inhaled by a healthy person. The droplets released through coughing and sneezing tend to settle within 3 feet. Under most conditions, they rapidly dry out and the virus dies. Therefore, the key to preventing infection is to stay away from these droplets by trying to stay at least 1 meter away from someone who is sick with influenza.

SLIDE 13: HOW DO SEASONAL AND PANDEMIC INFLUENZA SPREAD? (2)
Seasonal and pandemic influenza can also be spread when healthy people touch things that are contaminated with the virus and then touch their eyes, nose, or mouth. Therefore, the same precautions used to combat seasonal influenza are expected to be effective barriers to infections with the pandemic virus: good hand washing, covering of one’s cough, and staying away from sick people.

These viruses could be spread by people who do not feel or look sick, and they spread most quickly in crowded places—especially indoors. However, the pandemic influenza virus is very much like a common seasonal influenza virus in that it is spread in the same way, through respiratory “droplets” from coughs and sneezes.

SLIDE 14: WHAT HAVE WE LEARNED FROM PAST PANDEMICS?
Pandemics have broad, complex, and catastrophic impacts—including health, societal, and economic impacts. They tend to recur in 1–3 waves of illness lasting approximately 6–12 weeks each over a period of 1–2 years. The number of sick and dying people far exceeds the available healthcare resources, and shortages of many other critical resources occurs.

SLIDE 15: WHAT HAVE WE LEARNED FROM PAST PANDEMICS? (2)
We have every reason to believe that preparedness and response at the municipal level will probably determine how severely a municipality is impacted. Municipalities that will be best able to cope with the impacts of a severe pandemic will be those that are well prepared; have local stockpiles of essential goods or plans to obtain them; and that can rely on their own populations and local resources to help care for the sick, provide essential services, and maintain social order. As we have seen repeatedly during other disasters, the ability of a municipality to keep the public well informed and calm is the key to an effective response.

SLIDE 16: WHAT CAN BE DONE TO SLOW OR DECREASE THE IMPACT OF A SEVERE PANDEMIC?
Municipalities are unlikely to have access to sufficient quantities of anti-viral medications, and a vaccine is not expected to be manufactured until after the first wave of a pandemic. However, evidence suggests that simultaneously using good hygienic practices and “social distancing” strategies, which are intended to keep people away from each other, can dramatically alter the spread of the virus in a municipality. Interventions such as good hygiene and social distancing strategies are called non-pharmaceutical interventions (because they do not involve medicines). These interventions can be used to (1) delay the start of the pandemic, allowing more time for final preparedness activities; (2) decrease the peak impact, minimizing the peak overload of the healthcare sector and decreasing peak rates of workforce absenteeism (lost days of work); and (3) decrease the total number of people who become sick and die from the disease.

PANDEMIC INFLUENZA SPREAD? (2)
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SLIDE 17: HOW WILL A PANDEMIC START IN MY MUNICIPALITY?

Most likely, the pandemic will arrive through exposed or sick people entering the country from another area. Because of the characteristics of the illness and the way it can be diagnosed, it will not be possible or practical to close borders or to effectively screen travelers during a pandemic. This is because it is possible for people to spread the disease before they have any symptoms, and there are no lab tests currently available to detect asymptomatic cases in a practical and cost-effective way. While governments could prevent people with fevers, cough, or other symptoms from entering an area, others who have not yet developed the symptoms will pass through and spread the illness. Health resources are better used to detect and treat cases rather than wasted through attempts to prevent the virus from entering an area.

As was seen with H1N1, it may be weeks to months before a local area experiences cases of a new influenza virus. This is a very vulnerable period for the country. As people hear the news that a pandemic has started, they may begin to fear getting sick and may be reluctant to go about their usual activities, even though no cases have yet occurred inside the country. This could (1) slow down local commerce, (2) cause children to miss school; and (3) lead people to buy whatever goods are available for stockpiling, depleting the availability of these goods and decreasing family wealth. The country and its municipalities must have a clear plan in place for this period to prevent unnecessary harm to the people and the economy.

SLIDE 18: WHO PHASES

WHO has defined phases of pandemic alert, as follows:

In nature, influenza viruses circulate continuously among animals, especially birds. Even though such viruses might theoretically develop into pandemic viruses, in Phase 1 no viruses circulating among animals have been reported to cause infections in humans.

In Phase 2 an animal influenza virus circulating among domesticated or wild animals is known to have caused infection in humans, and is therefore considered a potential pandemic threat.

In Phase 3, an animal or human-animal influenza virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. This is the current phase for the H5N1 avian influenza virus.

Phase 4 is characterized by verified human-to-human transmission of an animal or human-animal influenza virus able to cause "community-level outbreaks." Phase 4 indicates a significant increase in risk of a pandemic but does not necessarily mean that a pandemic is a foregone conclusion.

Phase 5 is characterized by human-to-human spread of the virus into at least two countries in one WHO region. While most countries will not be affected at this stage, the declaration of Phase 5 is a strong signal that a pandemic is imminent and that the time to finalize the organization, communication, and implementation of the planned mitigation measures is short.

Phase 6, the pandemic phase, is characterized by community-level outbreaks in at least one other country in a different WHO region in addition to the criteria defined in Phase 5. Designation of this phase will indicate that a global pandemic is underway. This is the current phase for the H1N1 virus.

The post-peak period signifies that pandemic activity appears to be decreasing; however, it is uncertain if additional waves will occur and countries will need to be prepared for a second wave.

In the post-pandemic period, influenza disease activity will have returned to levels normally seen for seasonal influenza.

SLIDE 19: WHO PANDEMIC PHASES AND CURRENTLY CIRCULATING NOVEL VIRUSES

The emergence of a novel virus that is capable of infecting humans marks these viruses as having pandemic potential. The H5N1 virus continues to cause widespread animal outbreaks and sporadic human cases with high case fatality ratios. Despite the ongoing concern that this virus may one day develop efficient human-to-human transmission and result in cases across geographic areas, to this date it remains at Phase 3.

In contrast, H1N1 escalated to a Phase 6 declaration within two months of the first reported human cases. This virus demonstrated efficient human-to-human transmission from the onset, and quickly spread around the world. These two viruses demonstrate the use of the WHO pandemic phases to describe geographic spread, not severity. Despite remaining at Phase 3, the H5N1 virus continues to have a much higher case fatality ratio than the H1N1 virus. There is great concern that if these two viruses should mix in a human or an animal, a new virus that has the high death rate of the H5N1 virus and the capability to spread easily from person to person, like H1N1, could result.

SLIDE 20: WHAT WILL LIFE BE LIKE IN A SEvere PANDEMIC?

Daily life will change dramatically, and most of the changes will be directly related to the loss of the workforce through illness and fear. The high rates of absenteeism across sectors will result in shortages of essential goods, disruptions in routine services, altered or cancelled public transportation and other services, and a healthcare system that is unable to meet the needs of the large numbers of sick and dying people. In addition, personal movement may be restricted in an attempt to slow the transmission of the virus within communities and to decrease the number of people who get sick.

Economic losses are expected to be severe, and a loss of public order may occur. Recovery may be difficult because local commerce will have suffered, and people may be afraid to resume normal activities.

We will explore each of these areas in more depth in the next set of slides.
SLIDE 21: SHORTAGES OF ESSENTIAL GOODS

Anything that depends on resupply will be vulnerable to delays or interruption. These supply chain shortages will likely result in critical shortages of food, fuel, medical supplies, spare parts for infrastructure maintenance, and other essential goods. Concern about becoming sick may cause people to stop going to work or the market or to stop sending their children to school. Commerce will slow or will be suspended as businesses and markets close because of loss of the workforce, loss of customers, or by order to contain the illness. This will result in a loss of family income and livelihoods for many.

Fear and panic may lead to excess consumption and personal hoarding, further depleting the wealth of individuals and families and reducing the availability of goods for others. Hostility and violence may erupt over access to scarce goods and services, and the most vulnerable people (for example, those who are poor, illiterate, chronically ill, or disabled) may be the most seriously affected.

Municipalities will need to have a plan to maintain social order and to ensure that residents remain calm. This is best done through a combination of effective leadership, the use of trusted spokespeople, effective public education and communication about risk, the use of law enforcement officials as needed, and locally available goods and stockpiles to sustain the community.

Available goods will likely be consumed early in the pandemic. Once WHO declares a pandemic, it will be difficult to bring goods into the country to increase local stockpiles. Therefore, municipalities will only have what they have on hand at the onset of the pandemic, plus any goods they can continue to produce, or that aid organizations are able to get to them. It’s likely, therefore, that most areas will experience severe shortages of essential items, such as food, potable water, medicines, and fuel.

SLIDE 22: SUPPLY CHAIN DELAYS OR DISRUPTIONS

[Photos: Supply chain]

Most areas of the world are dependent on an international supply chain, as well as national and local trucking and other distribution and delivery systems. As people begin to get sick, and others stay home from work because of fear or other responsibilities, all sectors will experience high rates of worker absences. Deliveries of goods to the area will be disrupted as truck drivers, loading dock personnel, and all other people needed to move goods from one place to another are not available to work.

Available goods will probably be consumed early in the pandemic. During a severe pandemic, it will be difficult to bring goods into the country to increase local stockpiles. Therefore, municipalities will only have what they had on hand at the onset of the pandemic, as well as any goods they can continue to produce or that aid organizations are able to bring to them. Therefore, most areas will probably experience severe shortages of essential items, such as food, potable water, medicines, and fuel.

SLIDE 23: DISRUPTION IN ROUTINE SERVICES

Schools, government offices, and the post office may be closed. Utilities, communication services, and information networks may be disrupted, resulting in a loss of service. Banks may close or may experience a high rate of cash withdrawals, and automated teller machines may not be serviced.

SLIDE 24: CHANGES IN PUBLIC TRANSPORTATION AND OTHER MUNICIPAL AND PRIVATE SERVICES

Public and private transportation may be slowed or stopped. Fuel may need to be rationed. Municipal workers, such as garbage collectors, utility repair people, water and sewer maintenance workers, and others who provide other critical infrastructure needs will also become ill. Municipalities will probably experience a decrease in services in these areas.

SLIDE 25: HEALTHCARE SYSTEMS OVERWHELMED

[Photo: A scene from the 1918 pandemic.]

Healthcare systems will certainly be overwhelmed in a severe pandemic and critical shortages of doctors, nurses, and community health workers will occur. In fact, just when the need for healthcare is the greatest, at the peak of the pandemic’s impact, the highest absenteeism rates are expected. In addition, non-pandemic health issues will continue and may even increase because of an overall decrease in access to healthcare. Difficult decisions will need to be made to allocate the scarce medical resources, and both the public and the healthcare providers will need mental health support.

Many cases of the influenza will be mild, and will not require any specialized care or attention. Most of the sicker patients will need to care for themselves or will need family members or community volunteers to assist in their care. The municipality simply will not have enough doctors, nurses, or healthcare workers to provide care to all of the influenza patients as well as those with non-pandemic health issues. It is very important for municipalities to know who the most vulnerable people are (for example, medically vulnerable children, elderly people, pregnant women, and those with compromised immune systems) and to have incorporated them into the response plan. The best way to decrease the overall impact of the pandemic is to help the municipality become as self-sustaining as possible—this will include ensuring that influenza patients care for themselves as much as possible.
SLIDE 26: RESTRICTIONS OF PERSONAL MOVEMENT

Community containment measures may be needed to limit the spread of a severe pandemic in the municipality. Personal movement may be restricted because of travel advisories and other limits on movement. Public gatherings and events may also be cancelled or prohibited. Schools may be closed, and people may be asked to limit their interactions with others, such as at markets.

People who are sick may be required to stay at home or away from others until they recover (referred to as isolation), and people who may have been exposed to a sick person may also be asked to stay away from others for a few days to determine if they are ill (referred to as quarantine). Isolation and quarantine are two important public health measures that will probably be needed. Your help may be needed to educate people about these measures, and to enforce their implementation.

Although these efforts will be important to the survival of the community in a severe pandemic, they may lead to further impacts on the commerce and social well-being of residents. Municipalities must also work to prevent human rights violations that could result from the misuse or discriminatory use of these measures.

SLIDE 27: HOW CAN MUNICIPALITIES BE PREPARED FOR A SEVERE PANDEMIC?

The most important thing to do is to start planning for your municipality now. Understand the likely impact on your municipality and develop plans for the peak impact and for impacts in each sector.

- Plan for public education and effective communication of risk.
- Plan ways to ensure that the necessary functions and services of government, businesses, and organizations can continue.
- Plan for preparedness and response related to health, food availability and access to food, and income and livelihood issues.

To plan for the pandemic, you can build on general disaster planning. Be sure to:

- Include nongovernmental organizations and other partners in the planning process to develop contingency plans for essential goods.
- Include banking and other commerce representatives to develop economic mitigation and recovery plans.
- Identify response leaders and public spokespeople.
- Develop policies on school, market, and business closing and re-opening and ways to reassure the public when it is safe to resume activities.
- Maximize stockpiling before the pandemic (NOW!).

SLIDE 28: TWO CITIES IN 1918

This graph is based on data from two cities in the U.S. during the 1918 pandemic. Philadelphia experienced many deaths, whereas St. Louis experienced relatively few. The difference between these two curves is due to the actions taken (and not taken) by the municipal governments in these two cities. Both cities were hit by the pandemic, and they were under the same national government. However, they had very different experiences.

St. Louis instituted social distancing policies as soon as there were cases in the area. Philadelphia delayed their use for 1–2 weeks after cases began. It is believed that the rapid implementation of the social distancing interventions was the primary factor responsible for the lower mortality rate experienced by St. Louis.

What will the graph look like for your municipality when we study the impacts after the next severe pandemic is over? What can you do now to be sure that your municipality can protect itself the way that St. Louis did?

SLIDE 29: SOURCES
