# Lessons in Planning for Epidemics

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GIVEN FOREWARNING of an epidemic of influenza, early planning is an obvious step. We have learned a great deal from the experience of planning for the present epidemic.

In working with the Asian influenza epidemic, we have learned some things that will be useful in planning for the total fight against influenza. In addition to what we know about the Asian influenza virus, the vaccine, and immunity through use of the vaccine, we have learned that cooperation between State and local health departments and State and local medical societies is necessary for the success of any program combating influenza.

I believe we have learned, too, what the health department's proper role is in such an activity. The health department acts as an information center, first of all, for the dissemination of educational material. It also acts as a central tabulation center on cases, distribution, and deaths. It helps in setting up priority systems for the vaccine as well as diagnostic facilities for the identification of the virus. And it helps organize community resources for stricken areas.

The experience gained from the present epidemic also suggests measures that should be undertaken—and others that should be avoided—in the event of another epidemic. Should that event come to pass, I should suggest the following:

Planning should be done by the two State groups most vitally interested and concerned in setting up a control program: the State health department and the State medical society. The first meeting for consideration of epidemic control should be limited to these two groups; larger groups of people, of whom some may not be too well informed, will serve only to waste time and create confusion. It is better that a small group devise the framework of a control program before calling in others to fill in the details. After the first meeting, however, allied medical groups, voluntary health agencies, and appropriate community groups should aid in preliminary planning.

In the event of another epidemic, State and local health departments and medical societies should present a united front to further a successful community control program. At the very outset, a State policy must be formulated covering all aspects of such a control program. Local groups can then plan programs for their respective communities within the framework of State policy. The State should also anticipate emergency needs and locate special resources.

I should recommend, as another important phase of planning, the development of an education program that would prepare every citizen for an epidemic. On this score, I might suggest that we begin at home.

As for educational materials, I feel it is necessary to have a special joint committee, with representatives of organized medicine on it, to appraise the various educational materials that might be sent out to the public. In the beginning of the Asian influenza epidemic we

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were afraid of overselling and creating a panic. We were also afraid of creating a greater demand for vaccine than we could supply. A joint committee decided then, and should decide in the future, the quantity and timing of information.

Future epidemics could be handled more easily if local communities were organized, with certain variations to fit particular situations, very much like the States. Some community groups, of course, are already organized. Local health groups, such as health departments, medical societies, nurses' associations, and pharmaceutical associations, and voluntary health agencies, such as the Red Cross and civil defense groups, are examples. But there are other groups that could be organized more effectively; I mean those working in education, industry, and community affairs.

It might also be well to consider the reservoir of retired, inactive nurses that could be used more effectively. The Red Cross and civil defense agencies have listed them. I feel that we ought to have these nurses on a standby basis where they might assist in an emergency.

Other resources could be tapped. An epidemic calls into being a vital need for additional transportation and clerical personnel and emergency telephone services. It might also be worthwhile to consider providing nursery care for children of graduate nurses who are called to active duty.

My final recommendation concerns a better means of allocating vaccines, especially when the supply is far smaller than the demand. In the 1957 influenza epidemic, many people wanted vaccine and wanted to be first. Some managed to get vaccine in spite of priority grouping and advice. And some large groups received vaccine ahead of any classification. Some of the ensuing anxiety may be attributed to overeducation, but my own feeling is that much of the fear was engendered by a memory of the 1918 epidemic. In any case, a more coherent system of allocation is needed.

These are some of the lessons we have learned, as I see it, from the Asian influenza epidemic. Working together has been a very good exercise for all of us. We have learned again, above everything else, that a united, cooperative effort on the part of health officials and practicing physicians is all important for success in any endeavor in the field of public health services.

## *Emergency Recruitment, 1918*

"Better than volumes of reasoned arguments, the present epidemic of 'Spanish' influenza has shown in concrete form how important it is to have attached to the United States Public Health Service a reserve organization which can be mobilized in times of emergency.

"With the widespread occurrence of influenza in the vicinity of Boston, and and the unmistakable signs of its beginning elsewhere, urgent calls were addressed to the United States Public Health Service to furnish medical and nursing relief to stricken communities. All available regular officers were detailed to the stricken communities, but the number available for such detail was insignificant compared to the urgent need occasioned by the epidemic. Moreover, the bureau had no nurses available for service in epidemic."

—*Public Health Reports, October 25, 1918.*