

TESTIMONY OF
DAVID KEEPNEWS, PhD, JD, RN
DIRECTOR, OFFICE OF POLICY DEVELOPMENT
NEW YORK ACADEMY OF MEDICINE
BEFORE THE
NEW YORK CITY COUNCIL
COMMITTEE ON HEALTH AND COMMITTEE ON PUBLIC SAFETY
JOINT OVERSIGHT HEARING
ON
NEW YORK CITY'S PREPAREDNESS FOR AVIAN FLU
NOVEMBER 17, 2005

Good morning, Chairwoman Quinn, Chairman Vallone, and members of the Health and Public Safety Committees. My name is David Keepnews, and I am Director of the Office of Policy Development at the New York Academy of Medicine. The New York Academy of Medicine is dedicated to enhancing the health of the public through research, education, policy analysis and advocacy, with a particular focus on disadvantaged urban populations. On behalf of the Academy, I thank you for the opportunity to address issues related to the city's preparedness for avian influenza.

I. INTRODUCTION.

New York City is faced with the task of preparing for a potential pandemic influenza virus for which there is currently no vaccine and no specific treatment. Nor do we know the probability, the likely timing or extent of such an outbreak. We are encouraged that the city has taken an approach that emphasizes surveillance, distribution of current information about avian influenza, health education, and developing hospital and other treatment capacity in case of a pandemic. Planning for this potential pandemic should be expanded, based on current and

growing knowledge of avian influenza, its routes of transmission, the course of infection, and the development of effective prevention and treatment.

We must recognize the ways in which preparedness for an avian influenza outbreak depends upon the same measures that are needed to protect the public health generally and to prepare for other potential crises. The bedrock of preparedness for avian flu is a strong, well funded public health system, a solid infrastructure, continual improvement in communication with providers and communities, an informed populace, and strong community participation in planning for response to public health crises.

II. COMMUNITY PARTICIPATION

One year ago, the Academy's rigorous *Redefining Readiness* study¹ predicted that large numbers of people would suffer and die unnecessarily if emergency response strategies are not based on what people would actually be faced with in emergency situations. The tragic aftermath of Hurricane Katrina proved that prediction to be correct. In the event of pandemic influenza, the toll of death and suffering will be far higher than policymakers want – or New Yorkers deserve – unless the people who live and work in the city play an active role in preparedness planning.

The national *Redefining Readiness* study, which oversampled New Yorkers, found that plans to respond to a smallpox outbreak and dirty bomb explosion *won't* work because people will not react the way planners want them to. People's reluctance to follow instructions is *not* due to ignorance, recalcitrance, or panic. The problem, instead, is that planners routinely develop instructions for people to follow without finding out whether it is actually possible for them to do so or whether the instructions are even the most protective action for them to take.

¹ The study is available at www.cacsh.org; we will gladly provide copies to Councilmembers and staff upon request.

This lack of public involvement puts many New Yorkers unnecessarily at risk. Current plans to respond to a smallpox outbreak, for example, do nothing to protect the large numbers of New Yorkers – at least 20% of the population – who are at risk of developing life-threatening complications if they either get the smallpox vaccine or come in contact with someone who has recently been vaccinated. In the event of a dirty bomb explosion, large numbers of New Yorkers will not be protected because very few work sites, schools, and shops have prepared to function as safe havens should the need arise and even fewer places know the kinds of preparations that would actually make people feel safe.

The tragedy in these emergencies – and in a future influenza pandemic – is that so much suffering is avoidable if communities organize in advance to identify and address the issues that make it difficult for people to protect themselves. Roz D. Lasker, M.D., Director of the Academy’s Division of Public Health, is currently working with teams in four urban and rural communities around the country to demonstrate exactly how this can be done. The demonstration projects are developing new and effective community engagement practices, most of which appear to be applicable to New York City. Careful attention to this work will be critical in order for the city to maximize the return on its substantial investment in emergency preparedness, including preparedness for avian flu.

III. REACHING HARD-TO-REACH POPULATIONS

Experience with influenza vaccination efforts has repeatedly demonstrated that many individuals, including members of vulnerable populations, are not reached by such efforts. Hard-to-reach populations include, but are not limited to, groups such as undocumented immigrants, homebound elderly, injection drug users, the homeless and sex workers. Project VIVA, a program initiated by the Center for Urban Epidemiological Studies at the New York Academy of

Medicine demonstrates the efficacy of programs that target such hard-to-reach populations through partnership with community residents. This program initially focused on East Harlem and the Bronx, and involved residents and health professionals in planning, implementation and now evaluation. The project built upon formal networks such as community-based organizations and informal structures such as opinion leaders in informal groups, with a primary goal of reaching individuals who are unlikely to have regular sources of health care or to have access to public health clinics. The program met with a high degree of acceptance. All of the influenza vaccine allocated to the project was distributed on the streets or door-to-door in the course of two weeks, reaching a total of 1,649 hard-to-reach New Yorkers in those communities. Currently, the Academy is seeking to replicate this project in Brooklyn and Queens, with a particular focus on Asian and Caribbean immigrant populations.

Such efforts to determine effective strategies in immunizing hard-to-reach populations are directly relevant to preparedness for avian influenza for two main reasons. First, such strategies can be applied to reaching these populations with interventions aimed at preventing or treating other infectious agents. Second, particularly in the absence of an avian influenza vaccine, vaccination against more common strains of influenza is an important strategy to reduce rates of influenza A and B infections, which will enable surveillance systems to detect potential avian influenza outbreaks more easily. Since influenza and influenza A & B have similar symptoms, if the flu vaccine can reduce baseline flu rates, then increases in the incidence of such symptoms may be indicative of an outbreak of something other than influenza A or B.

II. COMMUNICATION WITH CLINICIANS

Mobilizing a rapid, large-scale response to public health crises—or any widespread public health problems—will depend on the active, informed cooperation of physicians and other health professionals practicing in communities throughout New York City. Distribution and administration of vaccine or antiviral medications, for instance, will require a larger-scale response than can be mounted by public health agencies alone. New Yorkers with a regular source of health care are likely to turn to their own providers for vaccine, treatment or current information about the availability of these agents. And, as the initial findings of Project VIVA suggest, many New Yorkers without a regular source of health care may be more likely to trust health professionals in their communities than employees of public health agencies.

To be effective participants in responding to public health crises, however, health professionals must be confident that they have access to reliable, current information. Extended efforts to keep the clinical community accurately informed in the event of an epidemic of avian influenza will be required. A critical element of such planning is providing for effective, rapid, ongoing communication through a variety of networks, including professional organizations and specialty societies, e-mail and other electronic communications. The Department of Health and Mental Hygiene has taken important steps in disseminating current information through its website and broadcast notification system for Health Alerts, Advisories and Updates. While these do not currently reach enough clinicians on a regular enough basis to provide a sufficient communications infrastructure on the scale that is needed, they provide an important foundation for building such an infrastructure.

IV. CONCLUSION AND RECOMMENDATIONS

As New York City continues to develop its plans for responding to a potential avian influenza epidemic or pandemic, city agencies must take steps toward active public participation and engagement in preparedness planning. This must include participation at the community level, with community residents, physicians and other health professionals. As research and experience yield increased understanding of community engagement, effective communication approaches and effective strategies for reaching hard-to-reach populations, these findings should continue to inform the city's preparedness planning.

We would like to offer the following recommendations for improving the effectiveness of the city's response to the threat of an avian flu pandemic:

1. **Public engagement.** Planning must actively engage the city's communities in planning for avian flu, as well as for other public health disasters and emergencies. This process should take into account the growing body of expertise regarding effective strategies for public engagement.
2. **Public education.** Current, accurate, accessible and continuously updated information should be made widely available to all New Yorkers. The Academy can help in this process through its New York Online Access to Health (NOAH) project (www.noah-health.org), is a web-based project, which offers consumer health information in English and Spanish to all who seek it. NOAH has come to be a trusted source in consumer health information, with well over 350,000 page views each month.
3. **Communication with health professionals.** Physicians and other health professionals are an important link in public education and communication, since they serve as the primary source of health information for many New Yorkers. Ongoing, accurate and up-to-date communication with clinicians can also emphasize their role in public health responses to avian flu—for instance, in discouraging stockpiling or inappropriate use of antiviral agents. The Academy can assist in these

efforts—as an organization with expertise in health professionals education and continuing education, and through electronic communication with its Fellows (who include a range of health professionals) and others.

4. **Planning beyond New York City.** Avian flu—like other infectious diseases—does not respect political borders. New York City must continue to coordinate its efforts with those of the State, with other states in the region, and with national and international agencies.
5. **Extending efforts to reach hard-to-reach populations.** Efforts to reach hard-to-reach populations—such as those carried out by the Academy—should be expanded to communities throughout the city. The current flu season offers an important opportunity to expand and refine knowledge about reaching such populations in order to ensure more effective efforts to provide vaccination against “regular” influenza and to improve surveillance to detect outbreaks of avian flu.

Thank you again for the opportunity to address you today. We look forward to working closely with you on this critically important public health issue.