

Executive Summary

An influenza or “flu” pandemic is a worldwide outbreak caused by a novel strain of influenza A virus for which there is little or no immunity in the human population, which would allow the virus to spread easily from person-to-person worldwide. History suggests that influenza pandemics have probably occurred during at least the last four centuries. Since 1900, three pandemics and several "pandemic threats" have occurred at unpredictable intervals and with widely varying severity. The most catastrophic pandemic, the so-called “Spanish” influenza pandemic, occurred between September 1918 and April 1919 and claimed the lives of approximately 675,000 people in the U.S. and approximately 50 million people worldwide. With the Spanish flu, mortality rates were high among healthy adults as well as the usual high-risk groups. The attack rate and mortality was highest among adults 20 to 50 years old; the reasons for this remain uncertain. The severity of that virus has not been seen again. The Spanish flu pandemic is the catastrophe against which all modern pandemics are measured and the scenario used to develop the decisions made in this document. A pandemic will dramatically strain medical resources and possibly require a shift in medical resources from a standard of care focused on the individual patient to an altered standard that does the most good for the most patients. With that in mind, this guidance document seeks to present a basis for allocating health and medical resources in Colorado during an influenza pandemic. The goal of this process is to provide ethical, reasonable, transparent and flexible guidance to achieve the following:

- Provide clearly understood and widely accepted guidance that is fair and clinically sound to the Colorado healthcare providers, systems and facilities for consistent and equitable triaging during a pandemic so that all persons seeking guidance or care are addressed in the same manner.
- Maximize appropriate care for the largest number of patients presenting to an overwhelmed critical care system.
- Minimize serious illness and death by administering a finite pool of resources to those who have the greatest opportunity to benefit from them.
- Maximize self-triage and self-care by the general public using a variety of media to deliver public health messages.
- Delineate which healthcare facilities should provide what type of care based on the capacities and capabilities of the facility.
- Provide a legal framework for developing triage decisions and utilizing nonstandard health care facilities in an emergency.

The ethical and emotional issues arising in an influenza pandemic stem from the need to promote the public health of the community over the level of care provided to individuals. Healthcare professionals will be faced with trying to balance their basic standards of practice; code of ethics to provide care and protect the public from harm; competencies and values with competing obligations to protecting their own health, family and friends and working in an extremely stressful environment where there are too many ill and too few resources. It is in the best interest of the community to address the ethical considerations of such a disaster now in order to establish standards that can be universally applied.

Coordination of any response during a public health emergency is contingent upon having sufficient legal authority to adequately address the varying needs of the affected community.

“Guidance for Alterations in the Healthcare System During an Influenza Pandemic”

DRAFT – September 2008

Pursuant to Colorado Revised Statute (C.R.S.) §25-1.5-102(1)(b), the Colorado General Assembly has tasked CDPHE with the duty “to investigate and monitor the spread of disease that is considered part of an emergency epidemic as defined in section C.R.S. §24-32-2103(1.7), to determine the extent of environmental contamination resulting from the emergency epidemic, and to rapidly provide epidemiological and environmental information to the Governor’s Expert Emergency Epidemic Response Committee (GEEERC), created in section C.R.S. §24-32-2104(8), C.R.S.” Additionally, the governor has the authority pursuant to the Colorado Disaster Act (“Disaster Act”), C.R.S. § 24-32- 2101 et seq, to declare a disaster emergency when he determines that a disaster has occurred or that such a disaster or the threat thereof is imminent. C.R.S. §24-32-3104(4). Through these statutes, the governor and CDPHE have sufficient legal authority to respond to disasters and temporarily modify statutes, rules and orders that may hinder this response.

In order to provide a more well rounded set of guidelines for altering standards of care, this document is broken into two major sections: Supporting Information and Triage Guidance. The Supporting Information section is provided to give the reader a broader frame of reference in understanding the rationale of the guidance being proposed, including Assumptions, Communication, Legal Issues and Authority, ‘Triggers’ for Considering Plan Activation, Colorado Medical Resources, and Emergency Medical Services. The Triage Guidance section details recommendations for each of the following instances: case detection and clinical management, mass emergency screening, community acquired pneumonia, phone triage, and use of hospital critical care beds and ventilators. Recovery and Other Things to Consider complete the document.

Please contact Marsha Thorson at marsha.thorson@mesacounty.us or (970) 248-6976 if you would like to review the full 85-page document entitled: **“Guidance for Alterations in the Healthcare System During an Influenza Pandemic.”**