

## The Texas Governor's Committee on People with Disabilities

# Survey of Personal Preparedness Planning for Texans with Disabilities in a Pandemic Influenza Event

## Introduction

The Texas Governor's Committee on People with Disabilities is a division within the Governor's Office that advises on a wide range of disability issues related to Texans with disabilities. In existence since September of 1950, the Texas Governor's Committee on Employment for the Handicapped was first created by Governor Dolph Briscoe in 1978 through [Executive Order DB-40](#). Executive orders by governors William P. Clements in 1981 and 1987 and Mark White in 1983 continued the committee, with Executive Order MW-10 changing the name to the Texas Governor's Committee for Disabled Persons. In 1991 the Texas Governor's Committee on People with Disabilities was created statutorily by [Senate Bill 381](#).

The Texas Governor's Committee on People with Disabilities (GCPD) works toward a state where people with disabilities have the opportunity to enjoy full and equal access to lives of independence, productivity, and self-determination. The Governor appoints twelve members to serve on the Committee, seven of whom must be people with disabilities. Representatives from six state agencies serve as ex officio or advisory members. The Committee makes recommendations to the Governor and Legislature on disability issues; promotes compliance with disability-related laws; promotes a network of local communities/committees doing similar work; and recognizes employers and media professionals for employing and positively depicting Texans with disabilities. The members and staff also provide technical assistance, information and referral services to citizens of Texas on issues affecting Texans with disabilities. The Committee structures its work around ten broad issue areas related to access, communication, education, emergency management, health, housing, recreation, transportation, veterans and workforce. The Committee's enabling law is outlined in the [Texas Human Resources Code, Chapter 115](#).

One of the Committee's functions is to serve as a central source of information and education on the abilities, rights, problems, and needs of persons with disabilities and, as necessary, issue reports. As part of our fulfillment for this function, the Committee issues this report on its assistance to Texans with disabilities during the [H1N1 flu pandemic of 2009](#).

This is not the first time the world has seen a pandemic event. Over the past three centuries, the world has seen a flu pandemic every 30 to 40 years. (1) Throughout history, influenza viruses have mutated and caused pandemics or global epidemics. In 1890, an especially virulent influenza pandemic struck, killing many Americans. Those individuals who survived the 1890 pandemic and lived to experience the 1918 pandemic tended to be less susceptible to the disease, however, worldwide 50 million people died from the world's most devastating flu pandemic.

Texas first reported the disease as being present in the state on September 23rd of 1918. However, the disease was probably present in the state before that date. As early as September 12th, newspapers were reporting that fears of the disease spreading into the state were common. On September 23rd, state officials reported the presence of influenza in Williamson County, Kaufman County and Bosque County. By October 4, 1918, thirty-five counties reported influenza; these counties reported anywhere from one to

two thousand cases. A week later, the disease was reported present in seventy-seven counties, with the number of cases varying from one to four thousand cases per county. During the week of the October 18th, the state failed to report; this failure may have been because officials were overwhelmed. On the October 25th, the state reported a total of 26,062 cases and 517 deaths since the beginning of the pandemic. By October 29th, the state had reported 106,978 cases and 2,181 deaths in just the state's urban centers. Because state officials were so overwhelmed and because it was difficult for states to collect data, these numbers were probably inaccurate. The actual number of cases and deaths was probably much higher.

To get an idea of how high those numbers were in the early 1900's, the total Texas population in 1920 was 4.66 million. San Antonio was the largest city in the state with a population of 161,379. Dallas had a population of 158,976; Houston had a population of 138,276; Fort Worth had a population of 106,482 and El Paso had a population of 77,560.

Thankfully, in 2009 our healthcare, resources and ability to communicate is infinitely better than it was back then. In 1918, the Texas State Board of Health made the following suggestions on how to prevent flu outbreaks in schools:

*"Every day ... disinfectant should be scattered over the floor and swept. All woodwork, desks, chairs, tables and doors should be wiped off with a cloth wet with linseed, kerosene and turpentine. Every pupil must have at all times a clean handkerchief and it must not be laid on top of the desk. Spitting on the floor, sneezing, or coughing, except behind a handkerchief, should be sufficient grounds for suspension of a pupil. A pupil should not be allowed to sit in a draft. A pupil with wet feet or wet clothing should not be permitted to stay at school."*

The Dallas Morning News maintained that surviving the flu required *"medical attention, good nursing, fresh air, nutritious food, plenty of water and cheerful surroundings."* [\(2\)](#)

Our knowledge of viruses has exponentially improved over time so fast forward to June of 2009.

## **Background**

In June of 2009, staff of the Texas Governor's Committee on People with Disabilities (GCPD) was invited to participate in the Non- Pharmaceutical Intervention Workgroup or NPI under the [Texas Department of State Health Services. \(DSHS\)](#) by John Litaker of the Litaker Group. [The Litaker Group](#) since 2004 has provided specialist services in health and medical preparedness and evaluation, research, and public policy to governmental agencies and private industry. They were instrumental on the post evaluation and reporting of [lessons learned from Hurricane's Rita and Katrina](#).

The invitation to participate in the NPI coincided with the June 11, 2009 announcement by the World Health Organization (WHO) signaling that a global pandemic of the novel influenza A (H1N1) was underway which raised the worldwide pandemic alert level to Phase 6.

The workgroup met bi-weekly until the end of July 2009 to address DSHS internal procedures, develop guidelines and best practices for the 2009 H1N1 influenza pandemic. Angi English, Executive Director of the Governor's Committee and Kathy Matejek, Accessibility and Disability Rights Coordinator participated as representatives of GCPD and provided technical assistance on unique issues related to Texans with disabilities.

In addition to bi-weekly meetings, the NPI workgroup used an online project management application known as Traction. Founded in 1996, [Traction® Software, Inc.](#) (formerly Twisted Systems, Inc.) set out to eliminate the frustrating and costly inefficiencies in team communications and information management by creating a revolutionary web-based hypertext Journal. This tool has been used by many agencies including the Central Intelligence Agency (CIA) just after 9/11 as a response to the need for diverse groups and organizations over a wide geographic range to communicate with each other effectively and efficiently. The use of Traction by the State of Texas represents its first use in disease communication in response to a pandemic event. Traction updates are received by email notification instantly when they are posted. All workgroup participants had access and upload rights to Traction. The primary resources for materials on Traction are varied but primarily include information from medical journals and scientific organizations, the CDC and the federal pandemic flu site, [flu.gov](#). Additionally, individuals could comment on any posting and everyone could benefit by the feedback that was provided.

One of the most pressing issues of the time was the need for a personal preparedness plan for pandemic influenza, especially for those Texans with disabilities whose health may already be compromised. The CDC had issued its information on [people most at risk](#) which included a large number of people with disabilities. Among people with disabilities, the following groups are at higher risk of acquiring the H1N1 infection:

- People who have difficulty breathing – (ventilator users and individuals with asthma and other respiratory conditions – this could include individuals with a range of disabilities such as intellectual and developmental disabilities, cerebral palsy, spinal cord injury, seizure disorders, and metabolic conditions).
- People who have difficulty fighting infections or who are immunocompromised – (individuals with HIV, cancer, and other types of immune suppression, or individuals using immunosuppressive medications).
- People of any age who have chronic health conditions (heart disease, metabolic [i.e., diabetes], renal, hepatic, hematological [i.e. sickle cell anemia], pulmonary, or neurological disorders).
- People who have pharmacological dependency.
- People younger than 19 years of age who are receiving long-term aspirin therapy due to their risk of developing Reye’s syndrome.
- Children prone to dehydration from poor nutritional and fluid intake caused by prolonged vomiting and diarrhea, or underlying metabolic conditions.

Disability groups at risk of getting flu and/or having unrecognized flu symptoms include:

- People who have limited mobility or who cannot limit coming into contact with others who are infected, like staff and family members
- People who have trouble understanding or practicing preventive measures such as hand washing
- People who may not be able to communicate symptoms of illness
- People who may not be monitored closely for symptoms of illness (3)

It was early in the summer, but a second wave of H1N1 was expected in the fall. GCPD staff began compiling information resources gathered by the workgroup, using Traction, along with various online sources such as the [Centers for Disease Control, \(CDC\)](#), [Flu.gov](#) and the [World Health Organization \(WHO\)](#) to create a technical resource document called, “*Texans Preparing for Pandemic Influenza.*”

(Appendix B) At the same time, the staff created an accessible online survey with two goals aimed at assisting Texans with disabilities by providing necessary preparation information for the pandemic and to gather data about the state of preparedness of those same citizens.

Survey Monkey was selected for its overall accessibility and user friendliness. Additional benefits of Survey Monkey included:

- [Section 508](#) compliance
- Ease of use, no training necessary and a variety of templates
- Unlimited survey questions and unlimited surveys during the contract period
- The ability to run reports in multiple formats such as PDF, Excel, and HTML
- Support of multiple languages, and
- Various options for design reporting and analysis

On August 7, 2009 the GCPD staff posted on its organizational website a new page on H1N1 information, which included downloadable documents in English and Spanish, links to local, state and federal information and a link to the survey *Survey of Personal Preparedness Planning for Texans with Disabilities in a Pandemic Influenza Event* which was also in English and in Spanish.

Notice of the new information on the GCPD site, including an invitation to take the survey, was broadcast to GCPD Committee members, Committee ex-officio members, the [Texas Workforce Commission Disability Navigators](#), [Local Mayor's Committee on People with Disabilities](#), The Accessibility Council of Texas, various listserves including the accessible technology listserve called TechLunch, the ADA Coordinator's listserve called, TEXADAC, various disability organizations, the Accessibility Council of Texas (ACT), and the [Texas Centers for Independent Living](#). Contacts were asked to distribute the survey widely in their areas. Additionally, sister state agencies posted on their websites:

- Texas Governor's Committee on People with Disabilities
- Texas Department of State Health Services: [TexasFlu.org](#)
- Texas A & M University: [Project REDD](#): Research and Education on Disability and Disaster

Invitations were sent to the members of [National Association of Governor's Committee's](#), NAGC to use the survey in each of their states by changing the state name. GCPD offered to host the surveys and forward weekly reports to NAGC participants. Only one state, Louisiana and its [Governor's Advisory Council on Disability Affairs](#) participated in the invitation.

Between August 7, 2009 and December 31, 2009, there were respondents from 113 counties (44.4%). There were a total of 620 respondents to the Texas survey, 613 in English and 7 people in Spanish.

## **Survey Results for "Personal Preparedness Planning for Texans with Disabilities in a Pandemic Influenza Event"**

### **Personal information**

- **I am a Texas resident:**
  - Yes: 601 (97.9%)
  - No: 13 (2.1%)
- **My primary language is:**

- English: 586 (96.5%)
- Spanish: 14 (1.3%)
- Other: (2.1%)
  - Filipino: 1
  - American Sign Language: 12
- **I am:**
  - A parent, guardian or caregiver who is answering for a child 6 months to 18 years of age: 120 (19.9%)
  - 18 to 24 years of age: 39 (6.5%)
  - 25 to 49 years of age: 194 (32.9%)
  - 50 to 64 years of age: 204 (34.6%)
  - 65 or older: 36 (6.1%)
- **I am a Texan with one or more of the following (*check all that apply*):**
  - I am a Texan who is blind or visually impaired: 64 (10.5%)
  - I am a Texan who is deaf or hard of hearing: 63 (10.3%)
  - I am a Texan with mobility impairment: 150 (24.8%)
  - I am a Texan with a cognitive impairment: 77 (12.7%)
  - I am a Texan with a physical impairment: 175 (28.7%)
  - I am a Texan with a mental illness: 51 (8.5%)
  - I am a Texans with special dietary needs: 67 (11.2%)
  - I am a Texan who has a personal care attendant: 54 (9.0%)
  - I am a Texan who depends on Meals on Wheels or a similar program: 9 (1.5%)
  - I am a Texan who depends on in home care: 50 (8.0%)
  - I am a Texan who depends on oxygen: 24 (4.0%)
  - I am a Texan who needs dialysis: 1 (.2%)
  - I am a Texan who depends on a Service Animal: 24 (4.0%)
  - I am a Texan who depends on the internet to order supplies: 46 (7.7%)
  - I do not have a disability but my spouse, child or other family member for whom I am responsible does have a disability: 133 (22.0%)
  - I do not have a disability: 146 (24.2%)
- **I live:**
  - In live in an area with more than an hour commute to grocery, pharmacy or medical care: 23 (3.9%)
  - I live in an area with less than an hour commute to grocery, pharmacy or medical care: 575 (96.1%)
- **I live in this Texas County:**  
 Respondents from 113 or 44.4% of the 254 counties in Texas participated in the survey.
- **I get my information from (*check all that apply*):**
  - TV: 530 (87.2%)
  - Radio: 332 (54.6%)
  - Newspaper: 303 (49.9%)
  - Internet: 520 (85.7%)
  - Telephone: 226 (37.1%)
  - Text messaging: 131 (21.7%)
  - TTY: 2 (0.3%)

## Survey

### 1. I have a personal preparedness plan for pandemic flu:

- Yes: 119 (22.3%)
- No: 419 (77.7%)

### 2. I have a list of providers with contact information for (check all that apply):

- My primary health care provider: 382 (70.5%)
- Other healthcare providers: 156 (28.9%)
- My pharmacy: 317 (58.6%)
- My durable medical equipment supplier: 60 (11.1%)
- My local health department: 66 (12.1%)
- My personal emergency contact: 201 (37.1%)
- My local emergency services and police: 154 (28.6%)
- I do not have a list: 144 (26.5%)

### 3. I have a support network of family and friends that I can contact or who would contact me in a pandemic situation.

- Yes: 444 (82.9%)
- No: 93 (17.1%)

### 4. I have their contact information posted near the telephone.

- Yes: 258 (48.5%)
- No: 276 (51.5%)

### 5. I have discussed with my employer one or more of the following in the event of pandemic flu (check all that apply):

- Teleworking: 35 (6.6%)
- My options for staying home to care for sick child or family member: 56 (10.5%)
- My options for staying home with children when schools are closed: 28 (5.1%)
- How business will continue during a pandemic: 56 (10.5%)
- Leave policies for a pandemic: 46 (8.7%)
- I have not discussed any of these things with my employer: 191 (35.6%)
- This does not apply to me: 240 (44.8%)

### 6. I have alternate arrangements for childcare if schools or daycare are closed:

- Yes: 85 (15.7%)
- No: 69 (13.0%)
- Not applicable: 380 (71.3%)

### 7. I have discussed with my health care provider and insurance provider the need for a two-week supply of medications:

- Yes: 94 (17.8%)
- No: 325 (60.9%)

- I am not taking medication: 114 (21.4%)

**8. I have discussed with my health care provider (*check all that apply*):**

- If and under what circumstances I might need antiviral medications: 63 (12.1%)
- When I will qualify to receive a pandemic flu vaccine: 73 (14.0%)
- Where I go to receive the pandemic influenza vaccine: 51 (9.8%)
- When to call my health care provider if I have symptoms: 68 (13.0%)
- Under what circumstances should I seek emergency help for flu symptoms: 63 (12.1%)
- I have not discussed any of these things with my health care provider: 380 (72.0%)

**9. I rely on the following types of transportation (*select one or more*):**

- Para transit: 30 (5.6%)
- Special transit: 36 (6.8%)
- Taxi: 31 (5.4%)
- Ride sharing: 15 (2.8%)
- General bus service: 43 (8.1%)
- Family or friends: 196 (36.2%)
- My personal vehicle: 397 (73.9%)
- Other: 32 (6.0%)

**10. I have a back-up plan for transportation:**

- Yes: 236 (45%)
- No: 288 (55%)

**11. I have a two week supply of the following (*check all that apply*):**

- Ready to eat non-perishable canned or Meals Ready to Eat (MRE) meats, fruits, vegetables, beans or soups, crackers and canned juices: 193 (36.1%)
- 1 gallon of water per family member per day for drinking and extra water for sanitation: 141 (26.2%)
- Over the counter medications for flu symptoms such as stomach aches, cough and cold medicines, fluids with electrolytes, and anti-diarrheal medications: 189 (35.2%)
- Personal hygiene items that include anti-bacterial soaps, alcohol based hand sanitizers, tissues, shampoo, toothpaste and toilet paper: 329 (61.6%)
- Household supplies that include a manual can opener, batteries, flashlight, cleaning supplies and garbage bags: 332 (62.2%)
- A thermometer: 312 (59.2%)
- List of internet resources for possible delivery of goods and services to your home: 61 (11.4%)
- Food and water for pets and service animals: 177 (33.1%)
- Medications for pets and service animals: 61 (11.4%)
- I do not have a two week supply of these things: 162 (29.6%)

**12. If you have a pet or service animal, do you have a pet emergency kit or a pet care plan?**

- Yes: 47 (9.1%)
- No: 255 (48.4%)
- I do not have a pet or service animal: 220 (42.3%)

**13. I have easy access to the following important documents (check all that apply).**

- My identification: 497 (92.5%)
- My medical history: 229 (42.5%)
- My Social Security card: 465 (86.5%)
- My insurance cards: 462 (86.2%)
- My medical equipment contact: 112 (20.7%)
- My call or email list of emergency contacts: 263 (49.0%)
- I do not have easy access to any of these documents: 20 (3.6%)

**14. Which of these did you know are ways to avoid getting the flu (check all that apply)?**

- Washing your hands well and often, especially before eating: 521 (96.8%)
- Using alcohol based hand sanitizers if washing facilities are not available: 478 (89.0%)
- Keeping hands and fingers away from eyes, nose and mouth: 479 (89.3%)
- Sneezing or coughing into your sleeve: 465 (86.7%)
- Getting exercise and plenty of rest: 409 (76.2%)
- Eating a healthy diet: 445 (83.0%)
- Avoiding large crowds: 438 (81.6%)
- Wearing a surgical mask protects me from others who have the flu: 271 (50.2%)
- Wearing a Niosh 95 (N95) mask protects others from me if I have the flu: 136 (25.1%)
- None of the above: 4 (.7%)

**15. Since there is a chance that the seasonal flu and H1N1 flu could occur during the hurricane season, I have:**

- Back-up power in case of a power failure: 85 (16.1%)
- A battery powered or hand crank radio for news: 174 (32.8%)
- A NOAA Weather Radio with tone alert or flash: 93 (17.6%)
- A whistle to signal for help: 74 (14.0%)
- A flashlight with extra batteries: 319 (60.0%)
- A family plan for communication and check-ins: 123 (23.1%)
- An evacuation plan from my home: 124 (23.5%)
- None of the above: 173 (32.4%)

## Analysis of the Survey:

Respondents to the survey were predominately Texas residents (97.9%) who were English speaking (96.5%) with the other languages being Spanish (1.3%) or American Sign Language (2.1%). The largest age range of respondents was from ages 25 to 64 (67.5%). Additionally, parents, caregivers, and guardians who care for a child 6 months to 18 years of age with a disability represented 20% of the responses. The other 12.5% of respondents were from various age groups.

It is interesting that over half of the respondents identified as having a physical or mobility impairment (53.5%) while almost a quarter of respondents stated they did not have a disability (24.2%) or were parents, caregivers or guardians of a person with a disability (22%), totaling together 46.2% of responses.

*In rank order are the percentage of respondents and the types of disabilities identified. Respondents could check all that applied.*

RANK	Types of Disabilities	Percentages	Number of People
1.	I am a Texas with a physical impairment	28.7%	172
2.	I am a Texan with a mobility impairment	24.8%	149
3.	I do not have a disability	24.2%	145
4.	I do not have a disability but my spouse, child or other family member for which I am responsible does have a disability	22 %	132
5.	I am a Texan with a cognitive impairment	12.7%	76
6.	I am a Texan with special dietary needs	11.2%	67
7.	I am a Texan who is blind or visually impaired	10.5%	63
8.	I am a Texan who is deaf or hard of hearing	10.3%	62
9.	I am a Texan who has a personal care attendant	9%	54
10.	I am a Texan with a mental illness	8.5%	51
11.	I am a Texas who depends on in home care	8%	48
12.	I am a Texan who depends on the internet to order supplies	7.7%	46
13.	I am a Texan who depends on a service animal	4%	24
14.	I am a Texan who is dependent on oxygen	4%	24
15.	I am a Texan who depends on Meals on Wheels or similar program	1.5%	9
16.	I am a Texan who needs dialysis	0.2%	1

An overwhelming majority of respondents (96.1%) said they lived within an hour commute to the grocery, pharmacy or medical care. The data gives some very helpful planning information for future emergency management or health related scenarios in Texas since the majority of respondents stated they got their information from television (87.2%), the internet (85.7%) and the radio (54.6%). This data helps bolster the work of the GCPD Committee and various other organizations to continue to educate and inform about the importance of making information accessible in a variety of formats to people with disabilities. Any public service announcement (PSA's) on television should be captioned and audio described. Any live broadcasts should include captioning, audio description by the announcer and interviewee for any visible information and sign language should be included as well.

One of the most striking results of the survey is the continued need to help Texans with disabilities understand the need and importance of personal preparedness planning since 77.6% or 415 people responded they did not have a personal preparedness plan for the pandemic flu. This included a large number of people (322) who said they do not have a two week supply of medication on hand. Additionally, 143 people or 26.5% of respondents stated they do not maintain a list of providers and contact information, for example, their primary health care provider, pharmacy, durable medical equipment supplier, local health department, and emergency personnel and over half (51.5%) said they do not keep providers phone numbers readily available. In keeping with the data, 72% of respondents had not discussed vaccinations or antivirals with their healthcare provider. However, high percentages of respondents stated they had their personal identification (92.5%), medical history (42.2%), social security card (86.5%) and insurance cards (86.2%) readily available.

In contrast to this, it appears that Texans with disabilities highly rely on a support network of family and friends who would contact them in an emergency pandemic situation (82.9%) For emergency planners, it is paramount to include family, friends and others identified as support in the planning efforts of Texans with disabilities.

In regards to employment during the pandemic, 44.8% or 238 people responded as not having an employer, 35.6% or 189 people had not discussed how the employment environment would be managed during the pandemic flu. Fifty-six people or 1.5% responded that they had discussed how business would continue and their options for staying home to care for a sick child or family member during the pandemic flu with their employer. Most of the respondents stated that childcare was not applicable to them (71.3%) but 83 people who had children stated they had made alternative arrangements for the closure of daycare or schools.

Getting to healthcare services, food or medical care by respondents according to the survey would be done primarily by personal vehicle (73.9%) and reliance on family or friends (36.2%). However, there were 153 people or 28.7% who stated they relied on Para-transit, special transit, taxi service, ride sharing, and the general bus service to get to needed services. Alarming, 55% of respondents said they had no backup plan for transportation if they got the flu and almost a third of respondents (29.6%) said they did not have a two week supply of needed items to endure the flu at home. This included 48.6% of respondents or 252 people who did not have a pet or service animal emergency plan.

The general knowledge base of Texans with disabilities on preventative measure such as washing hands, use of sanitizers, covering coughs and sneezes and avoiding large crowds was very high with the vast majority of respondents understanding these measures. Texans were eager to seek information about preparation since more than 32,000 Texans dialed [2-1-1](#) to learn more about H1N1 and medical guidance about what to do if they or a family member has flu symptoms during the survey period. [\(4\)](#)

There was representation of respondents from 113 counties or 44.4% that responded to the survey with over half of the respondents or 56% from the following top ten counties in rank order. The top ten counties represent some of the highest density population counties.

### Top Ten Responsive Counties

Respondent Totals by County with Percentage of all that responded

15%	Travis	(87)
8%	Harris	(46)
7%	Tarrant	(40)
6%	Dallas	(32)

5%	Montgomery	(31)
4%	Bell	(21)
3%	Bexar	(20)
3%	Collin	(18)
3%	Nueces	(17)
2%	Williamson	(12)

## Survey Implications for the Future:

- The Committee and various other disability related organizations need to continue their work to encourage Texans with disabilities to make a personal preparedness emergency plans and kits to cover an all hazards emergency. Cities and towns need to recruit the community organizations that work with Texans with disabilities to help conduct one- on- one assistance in developing personal emergency preparedness plans and kits. Visit at-risk individuals in their homes or neighborhoods to create personalized plans. The planning should include emergency plans for pets and service animals. Individualize planning should take into account a personalized plan for anyone who has a need for:
  - Kidney dialysis
  - Oxygen dependent treatment
  - G-tube nutrition
  - Hospice
  - End stage renal care, and
  - Attendant Care services
- Community pre-planning needs to include Texans with disabilities with various types of disabilities and other community organizations such as the Texas Centers for Independence (CIL), Local Mayor’s Committees on People with Disabilities, community mental health centers, Volunteer Organizations Active in Disasters (VOAD), home health organizations, hospice, and faith based organizations including Meals on Wheels, Caritas and the food banks. Query durable medical equipment providers on the numbers of Texans using equipment in the community. Also consider that a segment of the Texas population may not have access to the internet, phone or television and the use of community partners to identify these Texans is paramount to a comprehensive community plan.
- Map at risk populations in settings where significant numbers of Texans with disabilities live together such as long term care, assisted living, schools of special education, hospitals, groups home, State Supported Living Centers and State Hospitals. Note that many Texans who have a mental illness are able to meet the demands of daily life but may decompensate during times of intense stress and may have more difficulty comprehending emergency information and may seek assistance during an emergency. Be aware of the need for psychological first aid of emergency personnel as well.
- Communications during a pandemic or any other emergency challenge should be accessible by:
  - Including captioning, sign language interpretation and audio description in the development of Public Service Announcements.
  - Live broadcasts on television should include captioning and/or sign language interpretation of both the announcer and any person being interviewed.

- Caregivers, attendants and guardians of children with chronic health disabilities should follow strict hygiene measures.
  - Any written materials should include Brailled materials and large print or an electronic accessible Word version for Texans using screen readers.
  - State and federal websites should be Section 508 compliant including any text description of images, graphs or charts describing information and the avoidance of using color only to designate important information.
  - Developing accessible message at pre-pandemic, pandemic and post-pandemic stages.
- Mass vaccination sites and other [sites where pandemic services are provided need to be physically accessible.](#)
  - Texans with disabilities who rely on public transportation may not have access to mass vaccination sites or health care. Community planning should consider this variable in its planning efforts.
  - Texans with disabilities should discuss with their employer changes in sick leave and family and medical leave policies regarding staying away from the workplace if they are ill or you have to care for a sick family member or telecommuting.

## **Appendix A: Historical Overview of the 2009 H1N1 Pandemic**

**April 17:** The CDC lab confirmed the first novel H1N1 result from California.

**April 23:** DSHS received laboratory confirmation of H1N1 virus in 2 teenagers from the same school in Guadalupe County.

**April 24:** Confirmation of flu-like illness in Mexico reported. Texas Department of State Health Services (DSHS) activated the Multi-agency Coordinating Center, MACC, the department's emergency operations center .

**April 25:** Decision to close Bryon Steele High School was made. A third student from the same Guadalupe County school was also confirmed for novel H1N1 influenza and Governor Perry made an initial request for antivirals through the Strategic National Stockpile.

**April 26:** Initiated daily statewide State Operations Center conference calls and Governor Perry increased the request for anti-virals to 850,000 courses. As July 2009 the Government of Mexico had reported 18 laboratory confirmed cases of H1N1. All 14 schools in the Schertz-Cibolo-Universal City ISD closed.

**April 28:** Texas State Infection Control conducted a Presentation webinar

**April 29:** Confirmation of 1st death in Texas/United States

**May 5:** CDC announces new guidelines for school closure

**May/June:** End of school year

**June 11:** World Health Organization, W.H.O. declares pandemic

**June 17:** Lab confirmed case at summer camp in Tyler

**July 31:** Approximately 5,200 Texas cases confirmed to date

**August 7:** Texas Governor's Committee posts its survey and resources on its website.

**August 24:** School starts [\(5\)](#)

**September 15:** The Federal Drug Administration, FDA approves production of four vaccines. [\(6\)](#)

**December 19:** 197 H1N1 Flu Deaths reported in Texas. [\(7\)](#)

**December 30:** 7,389,300 doses of H1N1 vaccine shipped to Texas. [\(8\)](#)

## **Appendix B: Texans Preparing for Pandemic Influenza**

# **Texans Preparing for Pandemic Influenza**

### ***Pandemic Influenza - Get Informed. Be Prepared.***

This guide is designed to help you understand the threat of a pandemic influenza outbreak in our country and your Texas community. It describes common sense actions you can take now in preparing for a pandemic. Being prepared may help lower the impact of an influenza pandemic on you and your family.

### **What You Need to Know**

An influenza (flu) pandemic is a worldwide outbreak of flu disease that occurs when a new type of influenza virus appears that people have not been exposed to before (or have not been exposed to in a long time). The pandemic virus can cause serious illness because people do not have immunity to the new virus. Pandemics are different from seasonal outbreaks of influenza that we see every year. Seasonal influenza is caused by influenza virus types to which people have already been exposed. Its impact on society is less severe than a pandemic, and influenza vaccines (flu shots and nasal-spray vaccine) are available to help prevent widespread illness from seasonal flu.

Influenza pandemics are different from many of the other major public health and health care threats facing our country and the world. A pandemic will last much longer than most flu outbreaks and may include "waves" of influenza activity that last 6-8 weeks separated by months. The number of health care workers and first responders able to work may be reduced. Public health officials will not know how severe a pandemic will be until it begins.

### ***A Historical Perspective***

In the last century there were three influenza pandemics. All of them were called pandemics because of their worldwide spread and because they were caused by a new influenza virus. The 1918 pandemic was especially severe.

- 1918-1919 Most severe, caused at least 675,000 U.S. deaths and up to 50 million deaths worldwide.
- 1957-1958 Moderately severe, caused at least 70,000 U.S. deaths and 1-2 million deaths worldwide.
- 1968-1969 Least severe, caused at least 34,000 U.S. deaths and 700,000 deaths worldwide.

### **Some Differences between Seasonal Flu and Pandemic Flu**

1. **Seasonal Flu:** Caused by influenza viruses that are similar to those already circulating among people.  
**Pandemic Flu:** Caused by a new influenza virus that people have not been exposed to before. Likely to be more severe, affect more people, and cause more deaths than seasonal influenza because people will not have immunity to the new virus.
2. **Seasonal Flu:** Symptoms include fever, headache, tiredness, dry cough, sore throat, runny nose, and muscle pain. Deaths can be caused by complications such as pneumonia.

**Pandemic Flu:** Symptoms similar to the common flu but may be more severe and complications more serious.

3. **Seasonal Flu:** Healthy adults usually not at risk for serious complications (the very young, the elderly, and those with certain underlying health conditions at increased risk for serious complications).

**Pandemic Flu:** Healthy adults may be at increased risk for serious complications.

4. **Seasonal Flu:** Every year in the United States, on average:
  - a. 5% to 20% of the population gets the flu,
  - b. More than 200,000 people are hospitalized from flu complications; and
  - c. About 36,000 people die from flu.

**Pandemic Flu:** The effects of a severe pandemic could be much more damaging than those of a regular flu season. It could lead to high levels of illness, death, social disruption, economic loss. Everyday life could be disrupted because so many people in so many places become seriously ill at the same time. Impacts could range from school and business closings to the interruption of basic services such as public transportation and food delivery.

### ***Importance and Benefits of Being Prepared***

The effects of a pandemic can be lessened if you prepare ahead of time. Preparing for a disaster will help bring peace of mind and confidence to deal with a pandemic.

When a pandemic starts, everyone around the world could be at risk. The United States has been working closely with other countries and the World Health Organization (WHO) to strengthen systems to detect outbreaks of influenza that might cause a pandemic.

A pandemic is likely to touch every aspect of society, so we all must begin to prepare. Federal, state, tribal, and local governments are developing, improving, and testing their plans for an influenza pandemic. Businesses, schools, universities, and other faith-based and community organizations are also preparing plans.

As you begin your individual or family planning, you may want to review the Texas Department of State Health Services planning efforts <http://www.dshs.state.tx.us/swineflu/> and the federal link to the “Planning Checklist for Individuals and Families” at:

<http://www.pandemicflu.gov/plan/individual/checklist.html> For reliable, accurate, and timely information, visit the federal government's official Web site at [www.pandemicflu.gov](http://www.pandemicflu.gov).

### **Essential Services You Depend on May Be Disrupted**

- Plan for the possibility that usual services may be disrupted. These could include services provided by hospitals and other healthcare facilities, banks, restaurants, government offices, telephone and cellular phone companies, and post offices.
- Stores may close or have limited supplies. The planning checklists can help you determine what items you should stockpile to help you manage without these services.

- Transportation services may be disrupted and you may not be able to rely on public transportation. Plan to take fewer trips and store essential supplies.
- Public gatherings, such as volunteer meetings and worship services, may be canceled. Prepare contact lists including conference calls, telephone chains, and email distribution lists, to access or distribute necessary information.
- Consider that the ability to travel, even by car if there are fuel shortages, may be limited.
- You should also talk to your family about where family members and loved ones will go in an emergency and how they will receive care, in case you cannot communicate with them.
- In a pandemic, there may be widespread illness that could result in the shutdown of local ATMs and banks. Keep a small amount of cash or traveler's checks in small denominations for easy use.

### **Food and Water Supplies May Be Interrupted and Limited**

Food and water supplies may be interrupted so temporary shortages could occur. You may also be unable to get to a store. To prepare for this possibility you should store at least two weeks supply of non-perishable food and fresh water for emergencies.

#### **Food**

- Store two weeks of nonperishable food.
- Select foods that do not require refrigeration, preparation (including the use of water), or cooking.
- Insure infant formulas and any child's or older person's special nutritional needs are a part of your planning.

#### **Water**

- Store two weeks of water, 1 gallon of water per person per day. (2 quarts for drinking, 2 quarts for food preparation/sanitation), in clean plastic containers. Avoid using containers that will decompose or break, such as milk cartons or glass bottles.

### **Being Able to Work May Be Difficult or Impossible**

- Ask your employer how business will continue during a pandemic.
- Discuss staggered shifts or working at home with your employer. Discuss telecommuting possibilities and needs, accessing remote networks, and using portable computers.
- Discuss possible flexibility in leave policies. Discuss with your employer how much leave you can take to care for yourself or a family member
- Plan for possible loss of income if you are unable to work or the company you work for temporarily closes.

**For the Business Checklist visit:** <http://www.pandemicflu.gov/plan/business/businesschecklist.html>

### **Schools and Daycare Centers May Be Closed for an Extended Period of Time**

Schools, and potentially public and private preschool, childcare, trade schools, and colleges and universities may be closed to limit the spread of flu in the community and to help prevent children from becoming sick. Other school-related activities and services could also be disrupted or cancelled including:

clubs, sports/sporting events, music activities, and school meals. School closings would likely happen very early in a pandemic and could occur on short notice.

- Talk to your teachers, administrators, and parent-teacher organizations about your school's pandemic plan, and offer your help.
- Plan now for children staying at home for extended periods of time, as school closings may occur along with restrictions on public gatherings, such as at malls, movie theaters.
- Plan home learning activities and exercises that your children can do at home. Have learning materials, such as books, school supplies, and educational computer activities and movies on hand.
- Talk to teachers, administrators, and parent-teacher organizations about possible activities, lesson plans, and exercises that children can do at home if schools are closed. This could include continuing courses by TV or the internet.
- Plan entertainment and recreational activities that your children can do at home. Have materials, such as reading books, coloring books, and games, on hand for your children to use.

**For the "Childcare, School, and University Checklist," visit:**

<http://www.pandemicflu.gov/plan/tab5.html> (English, Spanish, Chinese, Vietnamese)

## **Medical Care for People with Chronic Illness Could be Disrupted**

In a severe pandemic, hospitals and doctors' offices may be overwhelmed.

- If you have a chronic disease, such as heart disease, high blood pressure, diabetes, asthma, or depression, you should continue taking medication as prescribed by your doctor.
- Make sure you have necessary medical supplies such as glucose, blood-pressure monitoring equipment and oxygen. Plan for emergency back-up power for any medical equipment that needs electricity to operate.
- Talk to your healthcare provider to ensure adequate access to your medications.
- If you receive ongoing medical care such as dialysis, chemotherapy, or other therapies, speak with your health care provider about plans to continue care during a pandemic.
- A "**Family Emergency Health Information Sheet**" is provided in this guide and at: <http://www.pandemicflu.gov/planguide/familyhealthinfo.html>

## ***Pandemic Influenza - Prevention and Treatment***

### **Stay Healthy**

These steps may help prevent the spread of respiratory illnesses such as the flu:

- Cover your nose and mouth with a tissue when you cough or sneeze-throw the tissue away immediately after you use it.
- Wash your hands often with soap and water, especially after you cough or sneeze. If you are not near water, use an alcohol-based (60-95%) hand cleaner.
- Avoid close contact with people who are sick. When you are sick, keep a six foot distance from others to protect them from getting sick too.
- If you get the flu, stay home from work, school, and social gatherings. In this way you will help prevent others from catching your illness.
- Try not to touch your eyes, nose, or mouth. Germs often spread this way.

## Stay Informed

- Knowing the facts is the best preparation. Identify sources you can count on for reliable information. In a pandemic, having accurate and reliable information is critical.
- Reliable, accurate, and timely information is available at [www.pandemicflu.gov](http://www.pandemicflu.gov).
- Another source for information on pandemic influenza is the Centers for Disease Control and Prevention (CDC) Hotline at: **1-800-CDC-INFO (1-800-232-4636)**. This line is available in English and Spanish, 24 hours a day, 7 days a week.

## Look for H1N1 information on the following Texas websites:

- TexasFlu.org (English and Spanish)  
<http://www.texasflu.org/>
- Interim Guidance for Reducing the Spread of Novel H1N1 and Seasonal Influenza in State Hospitals and State Supported Living Centers  
<http://www.dshs.state.tx.us/swineflu/Guidance-StateHospitals.shtm>
- Interim Guidance for Reducing the Spread of Novel H1N1 and Seasonal Influenza during Public Gatherings and Guidance on the Cancellation of Public Events  
<http://www.dshs.state.tx.us/swineflu/default.shtm>
- Ready America – Texas  
<http://www.ready.gov/america/local/tx.html>
- TexasPrepares.org  
<http://www.texasprepares.org/ReadyOrNot/Client/Home.aspx>
- Governor’s Division of Emergency Management  
<http://www.txdps.state.tx.us/dem/h1n1/index.htm>
- Texas Education Agency School Closings  
<http://ritter.tea.state.tx.us/swineflu/schclosings.html>
- Texas Department of Criminal Justice (English and Spanish)  
[http://www.tdcj.state.tx.us/about\\_swine\\_flu.htm](http://www.tdcj.state.tx.us/about_swine_flu.htm)
- Emergency Management Situation Reports  
<http://www.txdps.state.tx.us/dem/sitrepindex.htm>
- AgriLife Texas A & M: Texas Extension and Disaster Education Network  
<http://texashelp.tamu.edu/hot-topics/?p=860>
- Texas Higher Education Coordination Board  
<http://www.theccb.state.tx.us/index.cfm?objectid=318C3200-F1F5-5D28-6CC77D9988819AA3>
- Interim Guidance for Clinicians on the Prevention and Treatment of Swine-Origin Influenza Virus Infection in Young Children (4/29/09) (English and Spanish)  
<http://www.dshs.state.tx.us/swineflu/Guide-Prev-Trtmt-Swine-Infect-Yng-Child-04-29.shtm>
- Local and Regional Health Departments (English and Spanish)  
<http://www.dshs.state.tx.us/regions/default.shtm>
- H1N1 Influenza A (Swine Flu) Illness and Returning to Work and School (5/05/09) (English and Spanish)  
[http://www.dshs.state.tx.us/swineflu/return\\_to\\_work.shtm](http://www.dshs.state.tx.us/swineflu/return_to_work.shtm)

## Federal H1N1 information:

- Interim Guidance—Pregnant Women and Swine Influenza: Considerations for Clinicians (English and Spanish) [http://www.cdc.gov/swineflu/clinician\\_pregnant.htm](http://www.cdc.gov/swineflu/clinician_pregnant.htm)
  - Interim Guidance for Swine influenza A (H1N1): Taking Care of a Sick Person in Your Home (English and Spanish) [http://www.cdc.gov/swineflu/guidance\\_homecare.htm](http://www.cdc.gov/swineflu/guidance_homecare.htm)
  - Interim Guidance on Antiviral Recommendations for Patients with Confirmed or Suspected Swine Influenza A (H1N1) Virus Infection and Close Contacts (English and Spanish) <http://www.cdc.gov/swineflu/recommendations.htm>
  - Interim Recommendations for Facemask and Respirator Use in Certain Community Settings Where Swine Influenza A (H1N1) Virus Transmission Has Been Detected (English and Spanish) <http://www.cdc.gov/swineflu/masks.htm>
  - Swine Influenza A (H1N1) Virus Bio-safety Guidelines for Laboratory Workers (English and Spanish) [http://www.cdc.gov/swineflu/guidelines\\_labworkers.htm](http://www.cdc.gov/swineflu/guidelines_labworkers.htm)
  - Interim Guidance for Infection Control for Care of Patients with Confirmed or Suspected Swine Influenza A (H1N1) Virus Infection in a Healthcare Setting (English and Spanish) [http://www.cdc.gov/swineflu/guidelines\\_infection\\_control.htm](http://www.cdc.gov/swineflu/guidelines_infection_control.htm)
  - Interim Guidance on Case Definitions to be Used For Investigations of Swine Influenza A (H1N1) Cases (English and Spanish) [http://www.cdc.gov/swineflu/casedef\\_swineflu.htm](http://www.cdc.gov/swineflu/casedef_swineflu.htm)
  - Interim Guidance to Assist Airline Flight Deck and Cabin Crew in Identifying Passengers Who May Have Swine Influenza (English and Spanish) <http://www.cdc.gov/h1n1flu/guidance/air-crew-dom-intl.htm>
  - CDC Updates Recommendations for the Amount of Time Persons with Influenza-Like Illness should be Away from Others <http://www.cdc.gov/h1n1flu/guidance/exclusion.htm>
  - Federal Pandemic Flu site (English, Spanish, Chinese, Vietnamese) <http://www.pandemicflu.gov/>
  - Centers for Disease Control (English and Spanish) <http://www.cdc.gov/h1n1flu/>  
The Centers for Disease Control and Prevention (CDC) hotline, 1-800-CDC-INFO (1-800-232-4636), is available in English and Spanish, 24 hours a day, 7 days a week. TTY: 1-888-232-6348
- Listen to local and national radio, watch news reports on television, and read your newspaper and other sources of printed and web-based information.
  - Talk to your local health care providers and public health officials.

## Other Resources:

- **No Ordinary Flu: Lessons for Preparing for Today: Preparedness Graphic Short Story in multiple languages.** Targeting readers of all ages, this story tells the tale of a family's experience of the 1918 influenza pandemic. It also explains the threat of pandemic flu today, illustrates what to expect during a pandemic (such as school closures), and offers tips to help households prepare. <http://www.kingcounty.gov/healthservices/health/preparedness/pandemicflu/comicbook.aspx#pdf> Available in English, Spanish, Arabic, Amharic, Chinese, Hmong, Khmer, Dorean, Laotian, Oromo, Russian, Somali, Tagalog, Ukrainian and Vietnamese.

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### **Printable Forms in various languages that are Helpful in a Pandemic:**

- Family Emergency Health Information Sheet (English, Spanish, Chinese, Vietnamese)  
<http://www.pandemicflu.gov/plan/individual/familyhealthinfo.html>
- Emergency Contacts Form (English, Spanish, Chinese Vietnamese)  
<http://www.pandemicflu.gov/plan/individual/emergencycontacts.html>
- Make Your Own Plan Designed for YOUR Family at TexasPrepares.org: Make Your Plan (English and Spanish)  
<http://www.texasprepares.org/ReadyOrNot/Client/Home.aspx>

### ***For More Information***

- Questions can be emailed to [inquiry@cdc.gov](mailto:inquiry@cdc.gov).
- Links to state departments of public health can be found at [www.pandemicflu.gov/state/statecontacts.html](http://www.pandemicflu.gov/state/statecontacts.html)
- More information on the Governor's web site  
[http://governor.state.tx.us/highlight/swine\\_flu](http://governor.state.tx.us/highlight/swine_flu)
- World Health Organization (WHO) (English, Spanish, French, Arabic, Russian, Chinese)  
<http://www.who.int/csr/disease/swineflu/en/index.html>

## References

- (1) Newsweek magazine, Multimedia files, [“The History of Flu.”](#) Tina Peng and Kate Dailey.
- (2) United States Department of Health and Human Resources, “The Great Pandemic 1918,” Texas: [http://1918.pandemicflu.gov/your\\_state/texas.htm](http://1918.pandemicflu.gov/your_state/texas.htm)
- (3) Texas A & M Project REDD: Research and Education on Disability and Disaster; <http://www.flu.gov/individualfamily/healthconditions/disabilities/index.html>
- (4) Texas Health and Human Services “In Touch,” newsletter: November/December 2009: [http://www.hhsc.state.tx.us/stakeholder/Nov\\_Dec09/2.html](http://www.hhsc.state.tx.us/stakeholder/Nov_Dec09/2.html)
- (5) Texas 2009 Pandemic Flu Summit, Texas Department of State Health Services: PowerPoint presentation: “Novel H1N1: Lessons Learned and Preparedness”: <http://www.dshs.state.tx.us/txflu/H1N1Summit-081009.pdf>
- (6) The U.S. Food and Drug Administration: Press Releases: September 15, 2009: FDA Approves Vaccines for 2009 H1N1 Influenza Virus: <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm182399.htm>
- (7) Texas Department of State Health Services: Texasflu.org Surveillance: <http://www.dshs.state.tx.us/txflu/TX-deaths-month.pdf>
- (8) 2009 H1N1 Influenza Vaccine Supply Status: <http://www.cdc.gov/h1n1flu/vaccination/vaccinesupply.htm>

For comments or questions, please call the Texas Governor’s Committee on People with Disabilities at 512-463-5739 or email us at [gcpd@governor.state.tx.us](mailto:gcpd@governor.state.tx.us)