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Summary of teleconference with Dr Ann Norwood and Professor Glynis Breakwell

12 July 2006

Dr Ann Norwood is Senior Analyst, Office of Mass Casualty Planning, Office of Public Health Emergency Preparedness at the Department of Health and Human Services, Washington DC. Dr Norwood was formerly an Associate Chair of Psychiatry at the Uniformed Services University and she retired from the Army Medical Corps as a Colonel and continued in her present position as a civilian.

Dr Norwood has written and spoken extensively on the psychological, behavioural, and social effects of trauma and violence with a special focus on chemical, biological, radiological, nuclear and high-yield explosive events (CBRNE) and risk communication.

Key points

Fatality management

Dr Norwood discussed her current work on fatality management where she has recently begun to examine how fatality management relates to pandemic preparedness. She works with a large group of people, in a loose network, who meet mostly via email. Dr Norwood explained that the Department of Health and Human Services issues guidance to local communities on how to assess their existing resources and develop strategies to increase surge capacity in a pandemic.

Dr Norwood was asked how scientific advice in this area feeds into Government. She explained that the Federal Government provide information for local state planners. Her department is involved with assisting with efforts to pool resources and produce guidelines.

The evidence base for the guidelines is drawn from the Canadian and Toronto City plans for fatality management, together with information from taught courses. These guidelines are primarily for health service delivery and include information such as the ideal temperature for refrigeration of bodies in mobile storage trucks.

Models of human behaviour

Dr Norwood is not involved with modelling human behaviour in a pandemic. The models with which she is familiar are to predict consequences of pandemic that affect health service provision, such as the number of patients hospitalised. She believes that historical pandemic influenza data are of limited value in examining behavioural consequences as the world has changed considerably since the last influenza pandemic. Limited data are available from the SARS epidemic which suggests that more mandatory isolation results in people panicking more. It was agreed that there is a lack of relevant data available now to inform policy.

Scientific advice and communication in the US

Professor Breakwell asked how the US Government uses scientific experts for advice. Dr Norwood explained that the Federal Government is very active at using experts for advice and developing scenarios in a pandemic. There has been public debate in the US and communication of the pandemic preparedness plans. Detailed information is available on the Center for Disease Control (CDC) and website and at www.pandemicflu.gov. The Secretary of Health and Human Services has also recently visited each US state to discuss local planning in a pandemic.

Dr Norwood was asked what she would recommend to Government, if given a free reign. She said that scientific based focus groups may be useful to provide information to behavioural scientists. They could examine how people anticipate they would act given a varying set of scenarios. Individuals are likely to be very sensitive to how advice is expressed and framed by the authorities. Based on international experiences with SARS, she is concerned about the impact of the implementation of traditional public health measures such as quarantine in today's global society. For example, some studies have suggested that a heavy law enforcement presence may prompt flight rather than adherence to quarantine.