

Pandemic preparedness policy statements: A step toward global health resilience

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The patchwork systems of global and domestic monitoring for the next infectious disease threat should be expanded, linked and better funded;

and public and private health agencies must improve coordination to be prepared for the next global disease threat, according to position statements from the Society for Health care Epidemiology of America (SHEA).

"[SHEA Position Statement on Pandemic Preparedness for Policymakers](#)," published in the journal *Infection Control and Hospital Epidemiology*, draws from lessons learned in the COVID-19 pandemic to identify policy changes needed to bolster [pandemic preparedness](#) in light of weaknesses identified during COVID-19.

"The pandemic underscored the vital need for better collaboration and robust preparedness strategies to prevent and mitigate the impact of infectious disease outbreaks," said SHEA President, Dr. Tom Talbot, MD, in introducing the five-part series.

"It is time to update policies from [health systems](#) to [government agencies](#) to ensure the health care workforce, communication plans, crucial supplies, [data access](#), and [disease surveillance](#) position us for the next challenge."

Multiple surveillance systems create a patchwork of networks with limited data coordination and uneven geographic distribution that interfere with the ability to track emerging infectious diseases, according to the policy document. The writers recommend funding linkages among these disparate global and domestic surveillance systems, including government agencies and non-governmental organizations, to facilitate early detection of emerging infectious diseases.

Other key recommendations include:

- Increase stockpiles of key equipment in the U.S. National Strategic Stockpile and improve transparency into what the

stockpile contains and how to access it.

- Increase transparency into events that impact the [supply chain](#), such as factory shutdowns, and maintain a federal list of shortages with regular updates.
- Ensure rapid and early FDA action to allow importation and use of non-U.S. approved devices and medications.
- Maintain six-month supplies of PPE, antiseptics, and surface disinfectants at local hospitals, with rotation to avoid having materials expire.
- Create prioritized management strategies for shortages of N95 respirators and single-use gloves based on risk of transmission and strategies for extending the life of available supplies.
- Fund initiatives to assist with identification of mis- and dis-information, and to develop effective communications strategies for addressing these challenges.
- Support the advancement of research into effective health communications strategies.
- Develop communications strategies that can clearly express uncertainty in a way that is understandable to a wide audience and does not undermine trust.

"Multidisciplinary experts with diverse perspectives and experiences comprise our writing group," said Lynne Batshon, SHEA's Director of Policy and Practice. "Pooling the collective knowledge of this diverse team, we have developed a series of policy recommendations to strengthen domestic and global pandemic preparedness and response efforts."

The pandemic preparedness [policy](#) statements will be published in a forthcoming issue of the SHEA journal and made freely accessible to policymakers, health care professionals, researchers, and the public.

More information: Erica S. Shenoy et al, SHEA position statement on pandemic preparedness for policymakers: the role of healthcare epidemiologists in communicating during infectious diseases outbreaks, *Infection Control & Hospital Epidemiology* (2024). DOI: [10.1017/ice.2024.63](https://doi.org/10.1017/ice.2024.63)

Provided by Society for Healthcare Epidemiology of America

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