

IS LI READY FOR THE NEXT PANDEMIC?

Better prepared with lessons learned, supplies, but new viruses unknown

BY DAVID OLSON

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In a single week, 6,900 New Yorkers died of COVID-19, one month after it was declared a pandemic on March 11, 2020. Overwhelmed hospitals lined up beds and ventilators in hallways as doctors and nurses struggled to understand a virus that was more lethal than anything they had seen before.

Long Island is more prepared for the next pandemic than it was for COVID-19 when it comes to stockpiles of masks and gloves, and how health systems talk to each other to manage overwhelmed hospitals, health experts and local hospital systems said. But five years after COVID-19 began its deadly surge across the world, they share concerns that the tumult in federal health agencies will undermine efforts to contain any future infectious disease outbreak, including developing a new vaccine.

No one knows what the next pandemic will be, whether it's bird flu or some unknown pathogen, but "it's not a matter of if but when," said K.C. Rondello, a clinical associate professor of public health and emergency management at Adelphi University.

In 2020, "there really was no sense of what needed to be done," and how to coordinate efforts, said Martine Hackett, chair of population health at Hofstra University.

"On a local level, Long Island

is much better prepared for a possible next pandemic," she said. "I think Long Island now understands what is required in terms of cooperation across health systems, health departments and the community."

Collaboration is crucial in discovering which treatments and strategies work best, Hackett said. Early in a pandemic, there's no time to wait for results of lengthy scientific studies, she said.

Now, there are plans in New York hospitals to rapidly launch a coordinated response to the next pandemic, such as allowing a nurse employed by one hospital to more quickly deploy to another that may be inundated with patients, said Rachael Piltch-Loeb, an expert in pandemic preparedness and an assistant professor at the CUNY School of Public Health in Manhattan. There's also a more extensive and sophisticated telehealth system to lower infection risk and to preserve hospital beds for those who most need them, she said, by allowing some patients to see a doctor remotely.

Hackett said COVID-19 also taught the importance of a community-based focus, from testing sites in neighborhoods and not just in huge venues like Jones Beach parking lots, and using community members to talk to fellow residents about vaccines.

Vaccines, partial immunity from previous infections and better treatments are among the reasons COVID-19 is far less deadly than it was five years ago, experts said.

The number of people dying of COVID-19 has declined sharply each year, from 5,561 on Long Island in 2020 to a provisional total of 341 last year, according to the National Center for Health Statistics. More than 11,100 Long Islanders have died of the disease.

'You'll always have surprises'

During the early weeks of COVID-19, many hospitals scrambled to obtain enough personal protective equipment such as N95 respirators for their employees. Today, New York State has millions of respirators, masks, gloves and face shields in its warehouses, health department spokeswoman Danielle DeSouza said in an email.

New Hyde Park-based Northwell Health, the state's largest health care system, did not have the same problems with personal protective equipment as other systems because it already had stockpiles in two large Long Island warehouses, and it has its own supply chain company, said Northwell CEO Michael J. Dowling. It maintains stockpiles today, and it also has more suppliers lined up than in 2020, to have more backups in case there are supply problems, he said.

Even so, he said, "You're never completely ready. You'll always have surprises when you have a crisis like this."

Nassau University Medical Center today has a larger sup-

ply of personal protective equipment than in 2020, as well as more ventilators and negative pressure rooms, which prevent contaminated air from escaping from the rooms into public spaces, the East Meadow public hospital said in an email.

Ventilators were extensively used to help COVID-19 patients breathe, especially in the early weeks of the pandemic, but studies have since shown that, as one 2023 study led by researchers from Northwell Health's Feinstein Institutes for Medical Research in Manhasset noted, "it may be associated with adverse outcomes including hospital readmission and death."

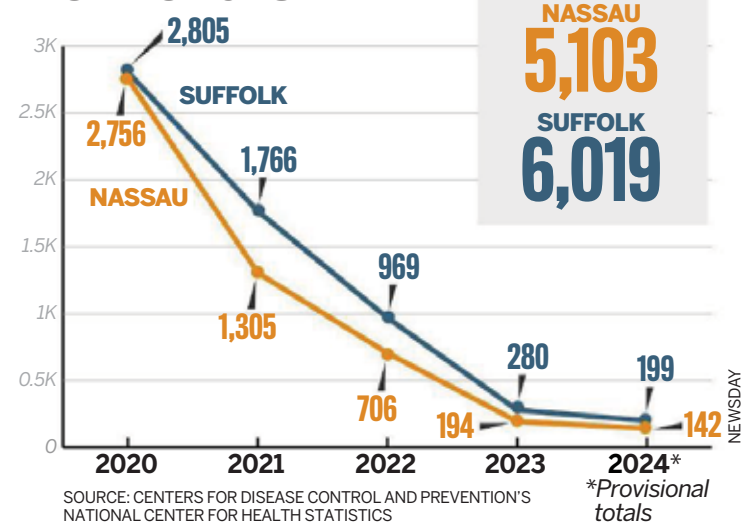
Doctors now better understand which patients need ventilators and which may do better without them, said Dr. Susan Donelan, medical director of health care epidemiology at Stony Brook Medicine.

The next pandemic may affect the body differently than COVID-19, so it's hard to predict which equipment will be most critical to have on hand. And in a pandemic, doctors and nurses are learning in real time what is most effective, Hackett said.

At Mount Sinai South Nassau hospital in Oceanside, plans for the renovation and expansion of the emergency department that began in early 2020 were altered to better respond to a pandemic, said Andrew Triolo, vice president for facilities, planning and development.

The hospital already had planned to build 54 separate exam rooms — rather than what had been beds separated

COVID-19 DEATHS ON LONG ISLAND



WHAT NEWSDAY FOUND

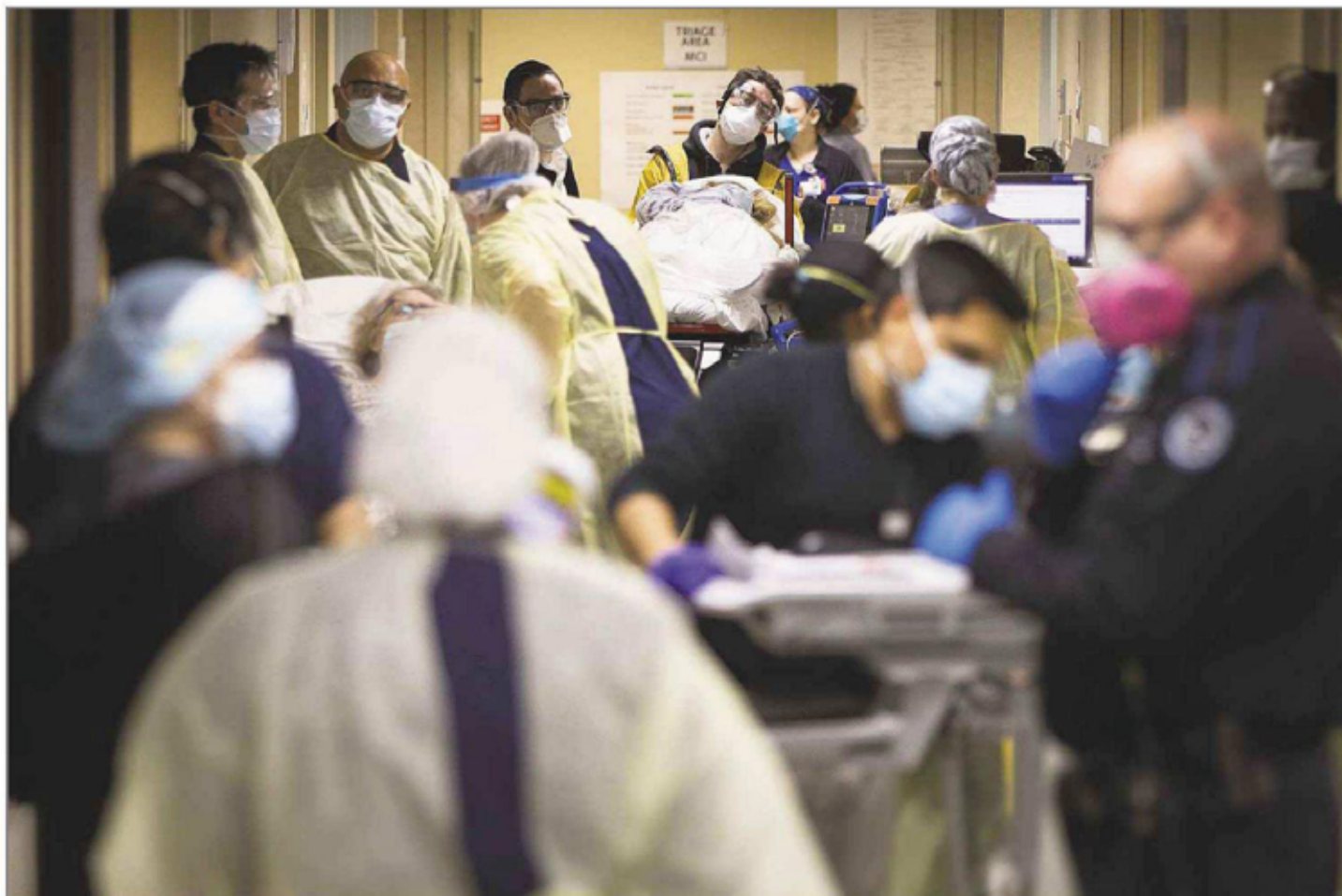
- **Long Island is more prepared** for the next pandemic than it was for COVID-19, with more coordination among health systems and health officials, and more plans in place, experts say.
- **Hospitals have stockpiled** more personal protective equipment such as masks, increased the number of specially designed rooms to isolate infectious patients and learned how to more effectively respond to a pandemic, experts say.
- **But there's a fear** as to how the federal government would handle a new pandemic, especially with vaccine skeptic Robert F. Kennedy Jr. leading the Department of Health and Human Services, experts say.

by curtains — but because of COVID-19, all now can be converted if necessary to negative-pressure rooms to isolate contagious patients, he said.

"Everything is designed to treat large numbers of patients with infectious diseases," said Dr. Aaron Glatt, chairman of medicine and chief of infectious diseases, as he stood near newly completed triage rooms that were redesigned to be negative pressure.

Although health care systems can increase coordination and conduct extensive general planning, they can never know what they'll be facing until a pandemic hits, Rondello said.

They won't know how dan-



JEFFREY BASINGER

A bustling hallway in the emergency department at Mount Sinai South Nassau hospital in Oceanside in 2020. ■ Video: newsday.tv

gerous it will be, how it will spread and which populations will be most affected, he said.

Doc: Bird flu biggest threat

Dr. Amesh Adalja, a pandemic preparedness expert, said “avian influenza is the biggest pandemic threat,” whether from the current strain or a future one.

Although much of the attention to the current bird flu outbreak is focused on infected birds and high egg prices, more concerning is how the virus has spread to dairy cows, said Adalja, a senior scholar at the Johns Hopkins Center for Health Security in Baltimore. Nearly 1,000 dairy herds have been affected so far, according to the Centers for Disease Control and Prevention.

“If the virus is spreading in mammalian species, the stakes are rising, because that’s getting closer to the physiology of humans, because humans are mammals,” he said.

The current H5N1 bird flu strain has infected 70 humans and killed one, although Adalja said the infection count is an underestimate because many people with bird flu are not tested.

The state health department

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— Martine Hackett,
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is closely monitoring bird flu, and its upstate laboratory has “more than sufficient testing capacity” for widespread testing of humans, if necessary, DeSouza said. State lab scientists have expertise in developing tests to detect new pathogens, as well as existing ones, she said.

Each county, and the state, is required to have a preparedness plan and coordinator, DeSouza said.

In Nassau County, “We routinely hold drills and exercises in partnership with local health care providers, first responders, and government agencies for a synchronized emergency response,” health Commissioner Dr. Irina Gelman said in a statement. “These simulations, which mirror real-world situations, help us maintain effective communication, quickly mobilize resources, and adapt to changing conditions.”

But Dowling said even though there have been improvements in county efforts, there is not enough staffing and resources to have the type of fully developed disaster preparedness that is needed.

Federal funding funneled through the state provides some of the money for local health departments, and the downsizing of the federal government likely will reduce their resources even further, Piltch-Loeb said. The Trump administration already has fired some Department of Health and Human Services employees and is encouraging others to leave through early

retirement, and further cuts are expected throughout the federal government.

The CDC and its parent agency, the Department of Health and Human Services, did not respond to questions about how they will address the next pandemic.

Distrust of health pros

One of the challenges for any government effort to combat a future pandemic is the growing distrust of health professionals, said Dr. William Schaffner, a professor at the Vanderbilt University School of Medicine in Nashville, Tennessee, who specializes in infectious diseases.

During COVID-19, the CDC did not always communicate clearly, and that helped engender distrust, he said. For example, the CDC did not explain why at first it said widespread use of masks was unnecessary and later reversed itself.

The initial guidance was both to conserve masks for health care workers who could be exposed at close range to a potentially deadly disease for hours on end, and because scientists initially did not realize how easily COVID-19 could be transmitted through the air, Schaffner said. When studies

began showing that those assumptions on airborne transmission were wrong, the CDC was slow to change recommendations and did not clearly explain why they were doing so, he said.

In the next pandemic, public health agencies need to emphasize that “what you hear from us may change as we learn more about this virus and how it spreads, and you have to do that honestly and clearly and in a sustained fashion,” rather than just once, he said.

The new HHS secretary, Robert F. Kennedy Jr., is chief among the reasons some experts fear the federal government’s response to a new pandemic.

Kennedy said in his Senate confirmation hearings that he is not anti-vaccine, even though in the past he said that “there’s no vaccine that is, you know, safe and effective.” But he has been criticized by public health officials for not more fully endorsing vaccinations to prevent against the measles, and promoting unproven treatments, amid an outbreak in Texas and New Mexico that has killed a child, is believed to have killed an adult, and hospitalized others.

In an op-ed published on the Fox News website on March 2, Kennedy wrote “vaccines not only protect individual children from measles, but also contribute to community immunity, protecting those who are unable to be vaccinated due to medical reasons.” He added: “the decision to vaccinate is a personal one.”

Adalja supported the appointment of Dr. Gerald Parker — who has expertise in diseases that can be spread from animals to humans — as director of the White House Office of Pandemic Preparedness and Response Policy. But, Adalja said, Parker “may be drowned out” by Kennedy and others, including former U.S. Rep. Dave Welton (R-Fla.), a Long Island native who is Trump’s pick to head the CDC and who has expressed concern about the safety of vaccines.

Schaffner said the postponement of one vaccine-related meeting and the cancellation of another, and the firings of CDC and National Institutes of Health staff as part of the government downsizing, are worrisome.

“The uncertainties and the turbulence that we see now does not give one confidence that there would be strong national leadership in the event of a pandemic,” he said.