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### **KIDNEY SPECIALISTS REVIEW PLANS FOR DISASTER RESPONSE** *Katrina and Other Crises Yield Lessons—Especially for Dialysis*

**Washington, DC (Monday, June 11, 2007)** — Hurricane Katrina and other recent disasters have focused attention on the urgent need for planning to provide health services after natural disasters. Patients with end-stage renal failure pose special challenges, as any large-scale disaster is likely to interrupt the regular dialysis treatments they need to stay alive.

The July *Clinical Journal of the American Society of Nephrology* presents an update on the nephrology community's efforts to meet the unique needs of people with kidney disease in the aftermath of disaster. Drawing on the experience of nephrologists who responded to Hurricane Katrina, recent earthquakes in Asia, and other disasters, four articles in the special section draw on past lessons to inform future plans for responding to future crises. The articles are preceded by an introduction from Dr. Paul Kimmel, highlighting the role of the ASN and other professional organizations in planning the response to disasters.

Dr. Jeffrey Kopp of the National Institute of Diabetes and Digestive and Kidney Diseases, National Institutes of Health, and coauthors analyze the lessons of two historic 2005 disasters: Hurricane Katrina and other storms that wreaked havoc along the U.S. Gulf Coast and the devastating earthquake in Kashmir, South Asia. After Katrina, 94 dialysis facilities in the region were closed for a week or longer—including more than one-third of all centers in the state of Louisiana. The best guess is that of over 5,800 Gulf Coast dialysis patients affected by Katrina, 2.5 percent died in the month after the storm—although given the high mortality rate among dialysis patients, it is difficult to determine how many deaths were storm-related.

The Kashmir earthquake offered different lessons, especially in terms of the risk of acute renal failure (ARF). This is a special concern in earthquakes or other causes of building collapse, because muscle damage from crush injuries can cause a condition called rhabdomyolysis, which can rapidly lead to ARF.

In response to these disasters, the Kidney Community Emergency Response Coalition (KCERC) was formed, with representatives from over 50 governmental and private organizations. A second article by Dr. Kopp and colleagues outlines the KCERC's plans for responding to future emergencies that interrupt dialysis services. The recommendations focus on establishing "a timeline to safety" for dialysis patients: "If we accomplish specific tasks at each disaster stage, then it is likely that we can protect the health of these

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vulnerable patients," the authors conclude. They note that health care providers should "create an individualized disaster plan for each patient, and review the plan regularly with each patient." The KERC's approach may also help to guide disaster preparedness planning for other vulnerable populations.

Dr. Robert J. Kenney of Renal Associates of Baton Rouge, LLC, focuses on the need for every dialysis center to develop a specific disaster plan, addressing issues like communication, which was one of the most critical challenges after Katrina; electrical and water supplies; and special patient populations, such as evacuees and children. "The lack of organization and miscommunication following Katrina prompted providers at all levels to ask just how prepared dialysis facilities are for future catastrophes," says Dr. Kenney. "We hope to stimulate physicians, dialysis facilities, and staff to familiarize themselves with emergency preparedness concepts while noting specific resources where more specific information can be obtained."

Dr. Masafumi Fukagawa of Kobe University offers insights from the viewpoint of a renal physician in Japan, where various types of natural disasters—not only earthquakes and typhoons, but volcanic eruptions and tsunamis—are a threat. Drawing on the experience of the Hanshin-Awaji Earthquake of 1995, Dr. Fukagawa emphasizes the need to reopen medical centers as soon as possible after a disaster. He also emphasizes the need for sharing experiences across generations, as people who haven't lived through them "forget" how severe such rare disasters can be. "My hope is to summarize preparedness not only for usual degrees of earthquakes, but also for unexpectedly severe earthquakes—once in a lifetime or in centuries," says Dr. Fukagawa.

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The ASN is a not-for-profit organization of 10,000 physicians and scientists dedicated to the study of nephrology and committed to providing a forum for the promulgation of information regarding the latest research and clinical findings on kidney diseases.

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