



Pandemic Influenza

A Tabletop Exercise

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Agenda

- Unfolding Situation-Decisions and Responses
- Later Developments-Decisions and Responses
- Debriefing and Self-Evaluation



Tabletop Exercise Goal

- To exercise the home health care delivery agencies in response to a pandemic influenza emergency.



Specific Objectives

- Exercise the response capabilities of the home health care agencies in key response categories:
 - **Surveillance & Epidemiology**
 - **Command, Control & Communications**
 - **Risk Communication**
 - **Surge Capacity**
 - **Disease Prevention & Control**
- Identify strengths and areas needing improvement with regard to the response.



Expectations

- No health department is fully prepared for this type of public health emergency.
- Open and honest dialog and feedback are encouraged throughout the exercise.
- Participants should feel free to ask questions of one another and challenge each other's assumptions. We can all learn from each other.
- No question is silly.



Avian Flu

- Over 321 human cases
- Over 60% mortality
- Mutates rapidly
- Live in the environment for weeks



AVIAN FLU

- H5N1 Strain
- Recognized and identified in 1997
- Currently in Far East, Middle East & Europe
- Outbreaks are the most severe and the largest ever recorded



WHY THE CONCERN?

- The Avian Flu is currently in Phase 3 of a pandemic
- Over 150 million birds destroyed in an effort to contain it but unsuccessful
- Now in migratory birds
- Has the ability to mutate and spread human to human.



WHAT DOES THIS MEAN?

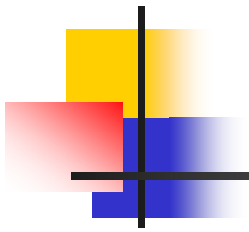
Medium level pandemic in the US will result in:

- Over 207,000 deaths
- Over 734,000 hospitalizations
- Over 14-42 million outpatient visits
- 47 million people sick
- Effect 15-35% of the population



WHAT DOES THIS MEAN?

The cost would be
\$71.3-\$166.5 BILLION DOLLARS
ECONOMICALLY



Unfolding Situation- Decisions and Responses



October 2007

- There have been no major public health emergencies in the state of Pennsylvania during the last several months.
- We are in the start of regular flu season and the number of flu cases is average (comparable to most other years).



October

- **Atypical outbreaks of severe respiratory illness are discovered in various areas in Indonesia.**
- **At first, the Indonesian government attempted to contain the outbreaks on its own.**
- **The global community became aware of the outbreaks through rumors that the Indonesian government initially denied but later confirmed.**
- **Initial laboratory results from Indonesia's National Influenza Center indicate that the outbreaks are due to influenza A, H5**

Late October



- Isolates from Indonesia are sent to the WHO Reference Laboratory at the US Centers for Disease Control and Prevention (CDC) for sub-typing. WHO and CDC both identify the outbreak virus as a subtype H5N1.



Late October

- Outbreaks of the illness begin to appear throughout Southeast Asia in Hong Kong, Malaysia, and Thailand.



Late October

- Young adults appear to be the most severely affected. The average attack rate in these countries is 25%, and the average case fatality rate is 50%.



Late October

- Results of the WHO investigations indicate extensive person-to-person transmission of the virus.
- WHO officially declares transition to pandemic alert level 5.

Early November



- Appropriate viral isolates are sent to the U.S. Food and Drug Administration (FDA) and the CDC to begin work on producing a reference strain for vaccine production.
- Influenza vaccine manufacturers are placed on alert; however, it will be at least 6 months, perhaps more, before a vaccine will be available for distribution.



Early November

- At this time there are no known cases of the illness in the U.S., and no evidence of infection in U.S. birds.
- The CDC uses the Health Alert Network (HAN) to update state and local health departments on the situation and advises them to step up surveillance efforts.



Decisions to be made

1. What are the specific key tasks that home health care agencies need to carry out to step up surveillance in a way commensurate with the threat?
2. What should your agency be doing at this juncture? Surveillance , education



Early December

- The CDC uses HAN to report localized outbreaks of the illness (due to influenza H5N1) confirmed in Missouri and New Jersey
- Recent reports from the CDC's Influenza Surveillance System suggest that there is no reason to suspect the illness has yet reached state of Pennsylvania.



Decisions to be made

1. What is the communication strategy to be used? Command structure?
2. What specific key tasks should the home health care agencies engage in to prepare for the outbreak before it reaches Pittsburgh?



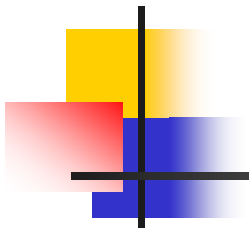
Mid December

- The national media continue to cover pandemic flu stories.
- The local press contacts your agency to inquire about what your agency and the rest of health care industry are doing to prepare.



Decisions to be made

1. Who has primary responsibility for communicating with the media?
2. What are the key things that need to be done to ensure proper management of risk communications across agencies?
3. What are the key messages the public should be told at this point in time?



Later Developments- Decisions and Responses



January

- The discharge planner from your local hospital calls in to your agency an unusually large number of referrals all with cough and fever.
- 15% of your staff have called in sick.



Decisions to be made

1. How do you manage your new admissions and maintain your current caseload? What is your surge capacity?
2. What should you be doing to contain the spread of the disease?



January 2008

- **A global influenza pandemic is confirmed by WHO.**
- **The outbreak spreads throughout the state with some counties citing early estimates of around *25%* of the population falling ill and a *58%* case fatality rate. Hospitals and outpatient clinics have reached capacity.**



Mid January 2008

- Local public health departments across the state are reporting staffing shortages. The health department is functioning with only 60% of existing staff.
- A significant number of doctors and nurses and other critical infrastructure staff are also unavailable, either because they are ill or have not come to work.



January 2008

- Health department staff who are available to work report that they are exhausted and need more rest time.
- Local pharmacies, health care providers, and hospitals across the state are reporting shortages of antivirals as well as diminishing supplies, especially of ventilators, gloves, masks and lab supplies.



Decisions to be made

1. How do you manage large number of patients dying at home?
2. What essential functions must remain in place for:
 - the health departments
 - Home care and hospice
 - Civil society
3. Where do you get additional supplies and what kind?



Mid-February 2008

- The CDC begins shipment of vaccine across the country. It has identified priority populations.
- Two doses of the vaccine will be required.
- The health department receives an initial shipment of 100,000 doses to vaccinate high priority groups.
- More vaccine is expected in the coming weeks.



Decisions to be made

1. What agency has primary responsibility for vaccine coordination, management, and distribution?
2. Which individuals should receive the vaccine first?
3. Where and how should the vaccine be administered?
4. How should information about the vaccine be communicated to the home care and hospice agencies?



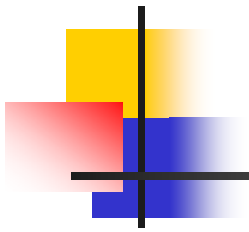
Late February

- There has been an explosion at the Pittsburgh airport.
- It has been determined to be a dirty bomb with both biological and radiological components. Everyone must shelter in place. Telephones are out.



Late February

- What about your staff, patients?
- How do you communicate to your hearing impaired patients?
- What do you need to shelter in place at your office?
- What does this mean for your family?



Debriefing and Self-Evaluation



Action Plan Development

- What are the biggest gaps or challenges in preparedness you see resulting from this exercise?
- Which problem areas should be deemed highest priority?
- Identify three important gaps that could lend themselves to an action plan?



Pandemic Influenza

“Chance favors the prepared mind”

- Louis Pasteur

1822-1895