

A Multi-disciplinary Shared Pandemic Response

<<Insert Name>>, <<Insert Title>>
<<Insert Organization>>
<<Insert Date>>
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Pandemic Response

- Multi-disciplinary shared response
 - Integration of emergency plans
 - (Local, state and federal)
 - Incident Command/Unified Command
- **Exercise and train together**

Pandemic Scenario

(Fictitious scenario developed for a discussion among multiple disciplines)

- June 2006
 - WHO Pandemic Influenza Phases 1-3 have already occurred; H7N3 strain identified previously in China
- September 2006
 - Outbreak of H7N3 in south China village
 - Poultry, 95% case fatality
 - Swine, 10% case fatality
 - Human, 2% case fatality
 - WHO identifies pandemic alert period is in Phase 4

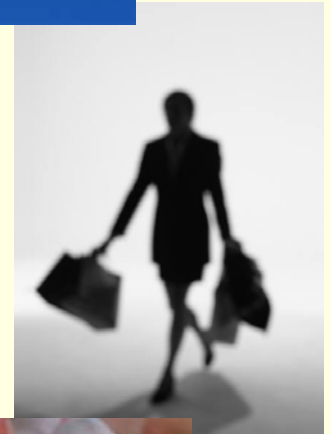


Pandemic Scenario

(Fictitious scenario developed for a discussion among multiple disciplines)

Part 1

- September 12
 - Traveler returns to Iowa from south China.
 - Next day, she feels ill; but goes to work.
 - Attends a church supper and stops by brother's swine farm on the way home.
 - Next day, she develops fever and stays home.



Pandemic Scenario

(Fictitious scenario developed for a discussion among multiple disciplines)

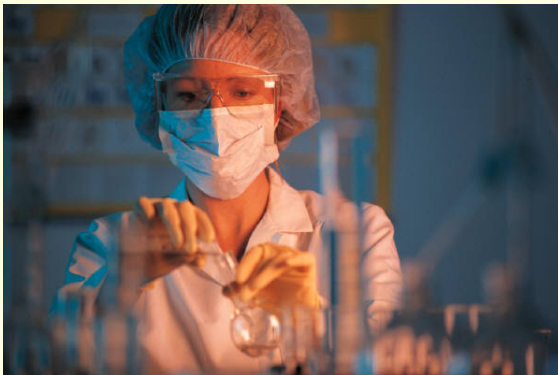
- September 15
 - Traveler admitted to local ER with diagnosis of pneumonia.
- September 16
 - Transferred to metro hospital.
 - Diagnosed with H7N3.
 - Specimen sent to University Hygienic Lab and CDC for confirmation.



Pandemic Scenario

(Fictitious scenario developed for a discussion among multiple disciplines)

- September 17
 - Laboratory tests confirm H7N3.
- Large clusters of human cases are identified in China.
- WHO announces **Phase 5** has been reached.



Pandemic Scenario

■ Questions

- What critical actions are initiated?
- Who are the key partners to whom actions need to be shared?
- What discipline is responsible for implementing these actions?
- What resources are needed?

Pandemic Scenario

(Fictitious scenario developed for a discussion among multiple disciplines)

Part 2

- September 16
 - Several co-workers and church members become ill.
 - Influenza like illness reported with brother's and his neighbor's swine herds.
- September 20
 - Another 25 human cases are reported.



Pandemic Scenario

(Fictitious scenario developed for a discussion among multiple disciplines)

■ October 1

- Governor declares state of emergency.
- Public information stepped up.
- Strategic National Stockpile (SNS) requested. Iowa receives 5,000 courses of Tamiflu.
- Other states are now reporting cases.
- Europe and Asia are also being affected.
- WHO elevates pandemic situation to **Phase 6**.



Pandemic Scenario

- Questions

- What critical actions are initiated?
- Who are the key partners to whom actions need to be shared?
- What resources are needed?

Pandemic Scenario

(Fictitious scenario developed for a discussion among multiple disciplines)

Part 3

■ October 3

- Hospitals and clinics see more patients with influenza-like-illness and the worried well.
- Some health care workers afraid to go to work.
- Large-scale quarantine and isolation implemented.
- Off-site care facilities established in all 99 counties.
- Vaccine expected December 1.



Pandemic Scenario

(Fictitious scenario developed for a discussion among multiple disciplines)

■ October 30

- Food supply, economy, public health, medical, public-safety and mortuary resources are impacted.
- Governor activates additional state resources.

- 300,000 Iowans infected; 6,000 have died.*

*Uses HHS “moderate” model, assumes one 3-month wave of pandemic influenza, therefore affecting 30% of the population at 0.2% mortality.



Pandemic Scenario

- Questions

- What critical actions are initiated?
- Who are the key partners to whom actions need to be shared?
- What resources are needed?

Pandemic Scenario

(Fictitious scenario developed for a discussion among multiple disciplines)

Part 4

■ December 15

- Influenza rates are waning.
- State receives large supplies of vaccine and Tamiflu.
- Panic is reduced.
- Order reestablishes and services enhance.
- Food supply, economy, public health, medical, public-safety and mortuary resources are being restored.



Pandemic Scenario

■ Questions

- What critical actions are initiated?
- Who are the key partners to whom actions need to be shared?
- What resources are needed?
- What steps need to be taken to prepare health providers and public for the events of the next 2-3 months?

Additional Resources

- <<Insert local Web site address>>
- State of Iowa Information:
www.idph.state.ia.us/pandemic
- Protect Iowa Health: www.protectionowahealth.org
- HHS Pandemic Influenza Plan and National Strategy for Pandemic Influenza: www.panflu.gov
- CDC: www.cdc.gov/flu/pandemic.htm

A Multi-disciplinary Shared Response for a Pandemic

Scenario: Pandemic Influenza Strikes Iowa *

Background: In June 2006, a novel strain of influenza H7N3 was detected in poultry in China. Several outbreaks among birds with high mortality (95% case fatality) have occurred. Sporadic human cases have been reported in people who had significant contact with diseased birds. The virus is found only to be susceptible to Tamiflu (Oseltamivir).

In September 2006, an outbreak of unusually severe respiratory illness is identified in a small village in southern China. It has a profound impact on poultry and is now causing widespread disease in swine (10% case fatality) and humans (2.0% case fatality). Epidemiologic investigations reveal the virus is the previously identified H7N3 influenza A strain, to which all people and swine are thought to be susceptible. The World Health Organization (WHO) has confirmed that a small number of secondary cases are occurring in people who only had exposure to people who are ill. Based on the identification of the H7N3 virus and the confirmation of person-to-person spread, WHO raises the pandemic alert to **Phase 4**.

Part 1: On September 12, after a 10-day trip that included visiting rural areas in this region of China, a business traveler returns to Iowa. The next day, she begins to feel ill but decides it is jet lag. She goes to work for a meeting and to catch up on email. Later that day, even though she is feeling worse and has started coughing, she attends a church supper with her husband and two kids, bringing a salad to share. On the way home, they stop at her brother's swine farm to see the new boar that he just bought for breeding purposes.

The next day, she has developed a fever and is feeling worse. She decides to stay home. On September 15, her husband is concerned that she is quite ill and takes her to the local emergency room. She is admitted to the hospital with a diagnosis of pneumonia. Because of worsening respiratory distress, the next day she is transferred to a metropolitan tertiary care hospital. Because of her travel history to rural China, a possible diagnosis of H7N3 influenza A is made. Public health is notified and works with the hospital's infection control practitioner; specimens are sent to the University Hygienic Laboratory and the Centers for Disease Control (CDC). On September 17, CDC confirms she has H7N3 influenza. It is too late to start her on Tamiflu as she has been ill for over 3 days.

Meanwhile, in China, larger clusters of influenza are being identified in humans. Birds and swine continue to be affected, and mortality for humans and animals continue at the same rates. WHO has elevated the pandemic alert to **Phase 5**.

Questions

1. What critical actions should be initiated by your discipline at this point?
2. Who are the key partners with whom these actions need to be shared?
3. What discipline is responsible for implementing these actions?
4. What resources are needed to fulfill these actions?

Part 2: On September 16, several co-workers and fellow church members become ill with influenza-like illness (ILI). Symptoms of influenza are also being reported from the brother's and his neighbor's swine herds. Many swine are severely ill. By September 20, another 25 human cases are reported among co-workers and their family members, church members and swine workers on these two farms.

On October 1, the governor declares a state of emergency and invokes travel restrictions and encourages the Iowa Department of Public Health (IDPH) to exercise quarantine laws, school closures, and to restrict the assembling of crowds. Public information efforts are stepped up and antiviral medication is requested through the Strategic National Stockpile (SNS). In response to the SNS request, the federal government releases 5,000 courses of Tamiflu.

A Multi-disciplinary Shared Response for a Pandemic

Scenario: Pandemic Influenza Strikes Iowa *

Other states are now reporting sporadic cases. Internationally, human cases are being reported throughout Europe and Asia. WHO has announced that the world is in **Phase 6** of the pandemic period.

Questions

1. What critical actions should be initiated by your discipline at this point?
2. Who are the key partners with whom these actions need to be shared?
3. What resources are needed to fulfill these actions?

Part 3: In the beginning of October, local hospitals and outpatient clinics are seeing increasing numbers of patients, both with influenza-like-illness, and the worried well. Some health care workers are afraid to go to work as they might be exposed. Large-scale quarantine and isolation are being implemented.

Pandemic influenza continues to spread across Iowa. Off-site health care facilities are established at various sites in all 99 counties. By October 30, the pandemic is having a significant impact upon Iowa's food supply, the economy, public health, medical, public-safety and mortuary resources. The governor activates additional state assets and resources and requests federal assistance. An estimated 300,000[†] Iowans have now been infected by the pandemic virus and 6,000 have died. Iowa's seven largest counties account for 30% of all illness and deaths, or approximately 13,000 ill and 250 deaths each. The smaller counties are reporting about 2,000 ill and 50 deaths each.

The first supplies of pandemic vaccine are expected on December 1. Iowa is set to receive 10,000 vaccine doses as well as 5,000 additional courses of Tamiflu. IDPH will administer vaccine per their pandemic plan but there is a tremendous public outcry for the vaccine among those not in the priority groups. The vaccine teams express concern for their safety.

Questions

1. What critical actions should be initiated by your discipline at this point?
2. Who are the key partners with whom these actions need to be shared?
3. What resources are needed to fulfill these actions?

Part 4: It is now December 15 and the influenza illness rates are waning. However, public health officials warn that another wave of pandemic influenza could occur in the new year. Iowa expects to soon receive 300,000 vaccine doses as well as 250,000 courses of Tamiflu. The state of panic in the general population is subsiding. Public authorities are now reestablishing order and enhancing public services. Iowa's food supply, economy, public health, medical, public-safety and mortuary resources are being restored.

Questions

1. What critical actions should be initiated by your discipline at this point?
2. Who are the key partners with whom these actions need to be shared?
3. What resources are needed to fulfill these actions?
4. What steps need to be taken to prepare the provider community and the general public for the events of the next 2-3 months?

[†] Uses HHS "moderate" model, assumes one 3 month wave of pandemic influenza, therefore affecting 30% of the population at 0.2% mortality.

*Fictitious scenario developed for a discussion among multiple disciplines.