Purpose

- To give you an opportunity to review the serious impact of an influenza pandemic on your community, your organization, and your partner organizations.
Breakout Groups

- Crisis & Risk Communication
- Surge Capacity Issues
- Inter-agency Issues
- Resource Distribution
- Operational & Implementation Issues
Objectives

• Review the impact of an influenza pandemic on your community, organization, partner organizations, and professional activities
• Identify problems and potential solutions that are appropriate to the unique conditions of your agency and community
• Share the identified problems and solutions with your peers
Agenda

- Overview
- Scenario:
  - Module 1
  - Module 2
  - Module 3
  - Module 4
- Summary discussion with all groups (auditorium)
Module Format

Situation Update

Pandemic scenario advances.

Table Discussion (5 min.)

Brainstorm initial responses to question assigned.

Report Back & Group Discussion (20 min.)

Each table shares initial responses brainstormed.

advances.

Diagram
Ground Rules (1)

• You are playing yourself (but you may need to think outside your usual role).
• You are not making official representation of your agency.
• There are no wrong answers (but there are better ones).
Ground Rules (2)

• Assume that the information you are given is accurate.
• Where the information provided is insufficient, do your best to explore all possibilities.
• The facilitators are there to help you. You are not limited to just the facilitator in your room.
Questions before we begin?
Begin Exercise
Module 1
It’s There!
Background
June 2005

• The health care and public health community worldwide has been watching and studying the avian influenza A/H5N1 virus that has continued to evolve in southeast Asia.
Background

- The recent outbreaks that began in December 2004 have resulted in 59 cases and 22 deaths in southeast Asia.
- To date no cases of human-to-human transmission have been confirmed.

Pandemic Status

New Pandemic Phase 3:

“Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.”

Suspicious Case

• In Hanoi, Vietnam a worrisome case has come to the attention of the Ministry of Health.

• A migrant worker (identified only as Mr. W.) lies critically ill in an area health center with an influenza-like illness.
Investigation

- Two days ago Mr. W. fell ill on the job at the Hotel Universal.
- According to the investigation, Mr. W. and several others left their home village to return to work in Hanoi, leaving sooner than planned because 4 residents of his village had died.
- The symptoms of the deceased were similar to what a companion suffered from after returning from a 2-day trip to a regional market town.
Pandemic Status

New Pandemic Phase 4:

“Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.”

Alert

The WHO Global Influenza Surveillance Network reports the following on the situation in Vietnam:

- Mr. W. has died, along with 8 other individuals from his village who recently returned to work in Hanoi hotels and private residences.
- Lab tests on collected samples from the victims have isolated a new strain of avian influenza A/H5N1.
Alert

- Investigation concludes that human-to-human transmission *did* occur in these cases.
- The new strain is highly pathogenic.
- The new strain can cause primary viral pneumonia, unlike pneumonia in most influenza patients caused by secondary bacterial infection.
Outbreak

• Initial investigation in the last 24 hours has revealed 26 other suspected cases in area homes and hospitals.

• Laboratory confirmation of the strain is expected soon.
Pandemic Status

New Pandemic Phase 5:

“Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).

Situation Update

• With the cases in Vietnam mounting, the neighboring countries of Laos, Thailand, and Cambodia report confirmed and suspect cases of influenza infection by the new strain.

• Some cases were quickly traced back to foreign travel and stays at the Hotel Universal in Hanoi.
Situation Update

• The ministries of health in China, Indonesia and Canada report confirmed cases of infection by the new strain.

• Everywhere, previously unsuspected cases are being investigated retroactively.

• Some cases are in health care workers who probably delivered care to infected travelers.
Pandemic Status

New Pandemic Phase 6:
“Pandemic phase: increased and sustained transmission in general population.”

## Casualty Report
### July 2005

<table>
<thead>
<tr>
<th>Country</th>
<th>Cases</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vietnam</td>
<td>62</td>
<td>35</td>
</tr>
<tr>
<td>Laos</td>
<td>12</td>
<td>4</td>
</tr>
<tr>
<td>Thailand</td>
<td>17</td>
<td>12</td>
</tr>
<tr>
<td>Cambodia</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Canada</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>China</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>Indonesia</td>
<td>8</td>
<td>0</td>
</tr>
</tbody>
</table>
Coming and Going (1)

International air travel:

- 2 million passengers per month arrive on international carriers at NYC airports
- 1,400 passengers per month arrive directly from Canada at Albany International Airport.

The New York State Thruway serves 230 million vehicles per year.
Daily traffic at the New York - Canadian border:

- Train passengers: 200
- Pedestrians: 1,800
- Bus passengers: 4,655
- Car passengers: 58,074

Source: Bureau of Transportation Statistics
Module 1

Table Discussion Period

- At your table, address at least one question.
- The facilitator and advisors are available to answer any factual questions they can.
- Report back to the group in approximately 5 minutes.
Module 1

Report Back & Group Discussion

• What problems did you identify?
• What solutions do you recommend?
• What remains unresolved?
Module 1

Key Concerns

• What are three key concerns from this module that should be shared with the other groups?

1) 
2) 
3)
Module 2

It’s Here!
Local Outbreak
August 2005

• During the last week, 42 suspect cases of infection with the novel pandemic strain have been detected in New York State.
• Four cases have been confirmed in your county.
Source

- Investigation reveals that most transmissions occurred at a Fresh Air Fund summer camp session.
- The session was attended by 240 campers from around the region.
- Counselors and staff included local residents as well as college students from foreign summer abroad programs.
Surge

- Local hospitals are seeing a surge of patients in emergency departments.
- Political and health authorities are bombarded with questions about what to do.
Vaccine Status

- There is no vaccine available.
## Module 2

### Casualty Report

#### August 2005

<table>
<thead>
<tr>
<th></th>
<th>Total Cases to Date</th>
<th>Total Deaths to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Global</td>
<td>2,730</td>
<td>1,150</td>
</tr>
<tr>
<td>U.S.</td>
<td>750</td>
<td>231</td>
</tr>
<tr>
<td>New York</td>
<td>420</td>
<td>106</td>
</tr>
<tr>
<td>Canada</td>
<td>670</td>
<td>150</td>
</tr>
</tbody>
</table>
Module 2

Table Discussion

• At your table, address at least one question.
• Report back to the group in approximately 5 minutes.
Module 2

Report Back & Group Discussion

- What problems did you identify?
- What solutions do you recommend?
- What remains unresolved?
Module 2

Key Concerns

• What are three key concerns from this module that should be shared with the other groups?
  1) 
  2) 
  3)
Module 3

Breathing Room

Cases
Impact
December 2005

• The pandemic has not been stopped and the impact to date has been enormous...
<table>
<thead>
<tr>
<th>Country</th>
<th>Total Cases to Date</th>
<th>Total Deaths to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Global</td>
<td>322 million</td>
<td>7.7 million</td>
</tr>
<tr>
<td>U.S.</td>
<td>14.8 million</td>
<td>177,600</td>
</tr>
<tr>
<td>New York</td>
<td>950,000</td>
<td>11,400</td>
</tr>
<tr>
<td>Canada</td>
<td>1.6 million</td>
<td>19,680</td>
</tr>
</tbody>
</table>
End of First Wave

- However, in the northeastern US and most other parts of the country, the rate of new outbreaks has reduced to a fraction of the rate during the peak 3 months ago.
Vaccine Arrives

- Reaction is mixed
  - Fear of side effects
  - Demand greater than supply
- Shortages occur at all levels: International, national, state, local, organization
Overseas

- Outbreaks continue abroad.
- Poor countries on every continent are experiencing local, savaging outbreaks in remote regions and mega-cities alike.
Prioritization

• Many advocate prioritizing the military for vaccine, medications, equipment, and medical personnel to maintain national security.
Psychosocial Impact

• After months of steady outbreaks, few lives are untouched by illness, death, bereavement, and stress.
Vigilance

- Public health authorities stress the need to maintain infection control practices and surveillance.
- Many believe they can relax a bit now that the pandemic has lessened locally.
- History shows that another wave is likely.
Political Tensions

• Some countries blame each other for not preventing or stopping the pandemic.
• Poor countries make pleas for financial aid and resources.
• Congressional scrutiny is constant.
Module 3

Table Discussion Period

- At your table, address at least one question.
- Report back to the group in approximately 5 minutes.
Module 3

Report Back & Group Discussion

• What problems did you identify?
• What solutions do you recommend?
• What remains unresolved?
Module 3

Key Concerns

- What are three key concerns from this module that should be shared with the other groups?
  1) 
  2) 
  3)
Module 4

It’s Back!

Cases
Second Wave
July 2006

- Illness and death rates have crept back up.
On the Move

• Areas that normally serve only as vacation homes for urban dwellers now see unusually high population levels due to urban “Flu Flight”.
The staff shortage in healthcare facilities is estimated to be an average of 30%, due to both inability and unwillingness to work. Available staff see shifts extended and vacation requests denied. Overtime pay and costs reach unprecedented levels.
Now Hiring

• Demand for able and willing healthcare workers exceeds supply locally and internationally.

• Employers that are able to are offering enormous pay for temporary healthcare workers.
Surge Capacity

- Auxiliary hospitals increase in size and number in temporary facilities and structures.
Vaccination Campaign

- Immunization levels in the US range from 1% to 25% in different areas.
## Casualty Report
### July 2006

<table>
<thead>
<tr>
<th>Region</th>
<th>Total Cases to Date</th>
<th>Total Deaths to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Global</td>
<td>644 million</td>
<td>15.5 million</td>
</tr>
<tr>
<td>U.S.</td>
<td>29.6 million</td>
<td>355,200</td>
</tr>
<tr>
<td>New York</td>
<td>1.9 million</td>
<td>22,800</td>
</tr>
<tr>
<td>Canada</td>
<td>1.9 million</td>
<td>39,360</td>
</tr>
</tbody>
</table>
Module 4

Table Discussion Period

• At your table, address at least one question.
• Report back to the group in approximately 5 minutes.
Module 4

Report Back & Group Discussion

• What problems did you identify?
• What solutions do you recommend?
• What remains unresolved?
Module 4

Key Concerns

• What are three key concerns from this module that should be shared with the other groups?
  1) 
  2) 
  3)
Conclusion

• The rate of new infections with the pandemic strain has fallen to levels similar to non-pandemic strains, as have survival rates.

• Vaccine production and delivery continue to climb.

• Thorough evaluation of the response to this pandemic continues.
## Conclusion: Casualty Report

**December 2006**

<table>
<thead>
<tr>
<th></th>
<th>Total Cases</th>
<th>Total Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Global</strong></td>
<td>967 million</td>
<td>23.2 million</td>
</tr>
<tr>
<td><strong>U.S.</strong></td>
<td>44 million</td>
<td>532,800</td>
</tr>
<tr>
<td><strong>NY</strong></td>
<td>2.9 million</td>
<td>34,200</td>
</tr>
<tr>
<td><strong>Canada</strong></td>
<td>4.9 million</td>
<td>59,040</td>
</tr>
</tbody>
</table>
End Exercise
Wrap Up

- Discussion
- Key concerns
- Next: Report back to other groups in the auditorium
Acknowledgements (1)

• References & Sources:
  • WHO Global Influenza Preparedness Plan
  • WHO Checklist for Global Influenza Pandemic Preparedness Planning
  • FEMA, HHS: Pandemic Tabletop, 1999.
  • Exercise guidelines adapted from FEMA
Acknowledgements (2)

Scenario originally developed for:
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Champlain Valley Physicians Hospital Regional Resource Center

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