

Note

Thank you for downloading this pandemic planning exercise from [Public Healthy.com](http://PublicHealthy.com).

When the exercise was originally used, each scenario took 40 minutes (20 minutes small group discussion time, 5 minutes for each group to collate their responses, 15 minutes for all the groups to feed back their responses centrally) with a short break between the last two scenarios. There were five small groups composed of about 10 planning representatives each from the following areas/organisations: Berkshire NHS, Buckinghamshire NHS, Oxfordshire NHS, Thames Valley SHA (now South Central SHA), Partner organisations (e.g. HPA, NHS Direct, Police).

For further information on influenza pandemic planning in the UK please see:

www.publichealthy.com/pandemicflu

Please note that this exercise was used in the Thames Valley area in April 2006, and the scenarios are entirely fictional. No inferences should be made as to the actual preparedness of individual hospitals, areas or countries. Although we hope you find this tool useful, no responsibility can be taken for individuals or organisations using this exercise in their planning preparations. This exercise is copyright © T. Porter and South Central SHA 2006. If you have any queries about this exercise please contact tom@publichealthy.com.

Scenario one

Day 1

Background

For a few months avian influenza (H5N1 subtype) has been endemic in birds in Asia, Africa and much of Europe, excluding the UK. The number of humans worldwide infected by the disease has been steadily rising, although investigations have always suggested that extensive contact with infected birds is required for human infection. It has been noted in the past few months that the mortality (death rate) amongst humans infected with H5N1 has been falling, from around 50% when the first cases emerged, to about 10% now. The WHO pandemic alert phase has remained at 3 (no or very limited human-human transmission), and UK Alert level at 0 (no pandemic cases in world).

Last week

Last week a cluster of about 100 people became ill in a town just outside Kuala Lumpur, Malaysia. They presented with fevers, respiratory and muscle symptoms and the course of their illness was generally mild. However, 5 patients required hospitalisation and one man (believed to be in his 40s, previously well) remains in intensive care following a sudden deterioration in his breathing. Only two of the 100 symptomatic patients had a history of contact with infected birds. Interim microbiological results found H5N1 in all patients tested, and further analysis of the viral genotype was awaited. The WHO increased their pandemic phase to 4 (Evidence of increased human-human transmission) as a result of the situation.

At the end of the week the Chinese authorities confirmed they had been managing for over a fortnight two separate clusters of cases (one outside Beijing and one in Nanning, near the border with Vietnam) in which patients presented similarly to those in Malaysia. In both areas most patients had also tested provisionally positive for H5N1 and, following recent poultry culls in both areas, few had had any contact with infected birds.

Today

The WHO announces the results of genotyping which shows the H5N1 virus in Malaysia has significantly mutated. On the basis of this result, and the likely existence of the mutated form in China also, the pandemic phase is increased to 6 (Efficient and sustained human to human transmission), and national health authorities informed.

The Department of Health responds by convening the UK National Influenza Pandemic Committee (UKNIPC) and increasing the UK Alert level from 0 to 1 (virus outside the UK).

Suggested topics for discussion

- Q1 Who is your nominated flu pandemic co-ordinator?
- Q2 What actions will your organisation now take, and when?
- Q3 What contact would you expect with partner organisations/bodies?

Has this exercise scenario raised any planning issues:

- which need to be discussed at Level 1 (Thames Valley) level?

- which need to be discussed at Level 2 (County/Locality) level?

Scenario two

Day 28

Background

In the last four weeks many other countries in SE Asia, and recently mainland Europe, have reported large outbreaks of individuals with pandemic influenza, with a hospitalisation rate of ~0.6% and case fatality rate of ~0.4%. The attack rate is not yet known. So far the UK has not been affected. A few patients have been returning from Europe with signs and symptoms of pandemic influenza and have been treated accordingly.

Within Thames Valley, the Thames Valley Influenza Pandemic Committee (TVIPC) has been convened and regular meetings of the committee take place every week. Similarly, across Thames Valley Level 2 Committees have also been meeting more regularly, and all NHS and partner organisations within the area are on standby and have implemented the first stages of their contingency plans (appropriate for Alert level 1). DH has by now received its full consignment of antiviral treatment (14.6m courses of oseltamivir=Tamiflu) which it ordered over a year ago, and all organisations have sufficient personal protective equipment (PPE) to cover a predicted pandemic for at least the first month.

A public information film is being screened regularly on television, and a national postal 'door drop' campaign has taken place in the last two weeks to every household in the UK. There are regular advertisements on television and radio, and posters and information leaflets regarding travel to areas with pandemic influenza. So far, the public seems to have responded relatively calmly to the news that a pandemic is now inevitable in the UK.

Today

At 7pm the first on-call Public Health specialist for the Thames Valley receives a call from the HPA reference laboratory. Two patients, a husband and wife, who were seen in Wycombe Hospital A&E yesterday with similar symptoms of a cough, headache, nausea and fever, have both provisionally tested positive for the pandemic strain of H5N1. The patients were relatively well and had been discharged appropriately. They had no history of travel within the previous 6 months, but were regular cinema-goers, often travelling to London as well as their local cinema to see films. The HPA have already contacted the Department of Health, and the Public Health first on-call contacts the Consultant in Communicable Disease Control (CCDC) on-call for the Thames Valley with this information. Ten minutes later the on-call specialist receives a telephone call from the TV SHA Director of Public Health, who has been told that the Department of Health have raised the UK Alert level to 2 (virus isolated in UK). An emergency meeting of the TVIPC is convened, and all local NHS and partner organisations are informed of the change in Alert level.

Suggested topics for discussion

- Q1 What actions will your organisation take? Can actions be initiated out-of-hours if necessary?
- Q2 What contact would you expect with partner organisations/bodies?
- Q3 Is the care pathway for patients with suspected pandemic influenza relevant to your organisation? If so, do you know who sets this and which other organisations are involved?
- Q4 What role will your organisation play in surveillance?
- Q5 Do you have any responsibility for closed communities?

Has this exercise scenario raised any planning issues:

- which need to be discussed at Level 1 (Thames Valley) level?

- which need to be discussed at Level 2 (County/Locality) level?

Scenario three

Day 42

Background

After raising the Alert level to 2, DH arranged delivery of antivirals to the prespecified PCT reception points which were then delivered by each PCT to access points throughout their area. In the last week, pandemic influenza has spread to other parts of the UK, and within the Thames Valley pandemic influenza activity has now been seen in Reading, Oxford and Maidenhead also. The Department of Health has until now indicated that routine NHS activity should continue where at all possible.

Today

The Department of Health announces that the UK is now at Alert level 3 (outbreaks in UK). It has also indicated that in areas where significant pandemic activity is seen, selected routine NHS consultations and procedures may now be suspended. TVSHA has indicated that this will apply to the whole of the Thames Valley.

A documentary was shown last night on national television about pandemic influenza which appears to have made many members of the public anxious. NHS Direct and many local GPs and hospitals have reported a large increase in patient contacts today alone, many of them not meeting the case definition for pandemic influenza. Healthcare and related organisations are also reporting larger than usual absences amongst staff. DH is preparing a national television statement to encourage sensible use of health services at this time, but this is not expected to be aired until tomorrow at the earliest.

The HPA has also today updated its algorithm for patients presenting with possible pandemic influenza, and has estimated the overall clinical attack rate will be ~23% of the population.

Suggested topics for discussion

- Q1 What actions will your organisation take?
- Q2 What contact would you expect with partner organisations/bodies?
- Q3 How will your organisation cope with reduced staffing levels?
- Q4 What role will your organisation play in antiviral distribution?
- Q5 Does your organisation have a media strategy?
- Q6 Is the HPA algorithm change relevant to your organisation? If so, how would you find out about it? Would you need to cascade this advice to any partner organisations?

Has this exercise scenario raised any planning issues:

- which need to be discussed at Level 1 (Thames Valley) level?

- which need to be discussed at Level 2 (County/Locality) level?