

PANDEMIC INFLUENZA

INTERPROFESSIONAL EXERCISE

February 13, 2009

The University of Arizona
Arizona Health Sciences Center

Mel & Enid Zuckerman College of Public Health • College of Pharmacy College of Nursing • College of Medicine • James E. Rogers College of Law

PROGRAM

7:15 ***Registration in Kiewit Auditorium Lobby***

8:00. ***Welcome***

Andreas Theodorou, MD
Co-Director, Interprofessional Education

Keynote Address

Richard Carmona, MD,
17th Surgeon General of the United States

9:00 ***Breakout Sessions***
Facilitators and Students

10:00 ***Expert Panel with Q&A***

Robert England, MD, MPH
Director, Maricopa County Dept of Public Health. Twice served as State
Epidemiologist for Arizona.

Kacey Ernst, PhD, MPH
Epidemiologist, MEZ College of Public Health. Influenza Epidemiologist, Arizona Dept of
Health Services. Former Bioterrorism
Preparedness Coordinator, Wisconsin.

Stephen Klotz, MD
Chief, Infectious Diseases, UA College of Medicine

Kathy Knak, MBA, CHSSP, CHEP
UMC Corporate Safety & Emergency Preparedness Officer

Theodore Tong, PharmD
Associate Dean and Professor, College of Pharmacy; Executive Director, Arizona Poison
Control Center; Professor, MEZ College of
Public Health, University of Arizona

11:00 ***Adjourn***

Refreshments provided by UA Campus Health Management Team, College of Nursing, and College of Pharmacy

Interprofessional Pandemic Flu Exercise Planning Committee

James E. Rogers College of Law

Paul Bennett, JD, Clinical Professor of Law & Director, Child Advocacy Clinic

College of Medicine

Nafees Ahmad, PhD, Professor, Immunity and Infection Block Director

Nancy Coleman, Coordinator, Interprofessional Education

Benson S. Munger, Ph.D., Associate Director, Arizona Emergency Medicine Research Center, University of Arizona

Candace Johnson, Coordinator, Critical Response & Emergency Systems Training (CREST)

Hal Strich, MPH, Associate Director, MD-MPH Dual Degree Program, Immunity and Infection Block Coordinator

Lynne Tomasa, PhD, Clinical Assistant Professor, Co-Director, Interprofessional Education

Andreas Theodorou, MD, Professor of Clinical Pediatrics, Co-Director, Interprofessional Education

College of Nursing

Linda Chapman, DNSc, RN, Clinical Associate Professor, Coordinator, Accelerated Program

Patricia Goldsmith, MS, RN, PHCNS-BC, Clinical Assistant Professor

Carol Mangold, MSN, RN, Coordinator, Clinical Affairs

Cathy Michaels, PhD, RN, FAAN, Clinical Associate Professor

College of Pharmacy

Dave Apgar, PharmD, Clinical Assistant Professor

John Murphy, PharmD, Professor of Pharmacy Practice and Science and Associate Dean

Theodore Tong, PharmD, Professor, Pharmacy Practice and Science, Public Health, and Pharmacology & Toxicology; Associate Dean; Director, Arizona Poison Control System.

Mel and Enid Zuckerman College of Public Health

Brenda Granillo, MS, Director, Arizona Center for Public Health Preparedness

Douglas Taren, PhD, Associate Dean for Academic Affairs and Professor

Kacey Ernst, PhD, MPH, Assistant Professor, Infectious Disease Epidemiologist

Kristen Pogreba-Brown, MPH, SAFER Program Coordinator

U of A Campus Health

Harry McDermott, MD, MPH, Executive Director for Campus Health, Wellness and Recreation

University Medical Center

Kathryn V. Knak, MBA, CHSP, CHEP, Corporate Safety & Emergency Preparedness Officer

College of Medicine Immunity and Infection Block

Nafees Ahmad, PhD, Block Director

Hal Strich, MPH, Block Coordinator

PANDEMIC INFLUENZA

Goal

By participating in this exercise, students will gain an understanding of the risks, threats and consequences of a pandemic flu outbreak, and the roles and responsibilities of healthcare professionals in disease prevention and control.

Learning Objectives

Students will be able to:

Explore and identify medical, social, psychological, legal, and public health issues that arise during an infectious disease pandemic.

Articulate the roles and functions of different health and human service professionals in collaboratively responding to a pandemic disease outbreak.

Explain how cooperation among federal, state and local jurisdictions, and public-private agencies and organizations can improve effective disease control.

Identify existing systems and plans for disaster preparedness and know how to access health and medical support systems and resources in the community.

PANDEMIC INFLUENZA

VIEW PANDEMIC FLU NEWSCASTS

Summary of Facts/Key Points

The pandemic has moved from Phase 5 to Phase 6 (WHO). The U.S. Federal Government Response Stage is at Level 5.

Approximately 20-30% of the U.S. population is infected, about 60 to 90 million persons, with deaths projected to be 600,000 to 900,000 (1.0% case-fatality rate).

In Arizona, an estimated 1.5 million cases have been reported, with more than 15 thousand deaths.

Approximately 236,000 people in Pima County have been infected, and more than 2,300 persons have died.

Worldwide, 65–90 million people are expected to die (1.0 – 1.4% case-fatality rate), a level not seen since the great Influenza Pandemic of 1918-1919.

Breakout Session

ISSUES AND RESPONSES

Team Instructions

There are 5 different Pandemic Flu ISSUES to consider. Read each issue carefully and select your team's RESPONSE from the options provided in the questions. Your team must be able to explain how and why you reached your decision.

You have 50 minutes for this exercise; about 10 minutes per issue. Begin with the issue your group is assigned and complete as many as you can. Allocate your time to respond to as many issues as possible.

Issue 1. LIMITED RESOURCES AND MASS CARE

UA Campus Health and the University Medical Center (UMC) report that they are almost out of seasonal flu vaccine and antiviral medications. The Arizona Department of Health Services has limited vaccine and antiviral medication and cannot provide this to everyone. A decision must be made as to who will receive these and in what priority order. The decision should be based on what groups are critical in a pandemic and who is at greatest risk. There is disagreement between health officials and the public about how to make these allocation decisions. Your team is called in to serve as an advisory group to the County Health Department.

Question 1: Your team must rank the following groups in order of priority, highest to lowest (highest = 1, lowest = 10). Your decisions will be the basis for distributing vaccine and medications. Please explain how you reached your final decision and issues that were raised.

1. Public health personnel
2. Emergency services (EMS) personnel
3. Persons with disabilities
4. Older adults over 65
5. Deployed military services and law enforcement
6. Mortuary services personnel
7. Pregnant women and high risk infants
8. Pharmacists
9. Medical care providers
10. Communications, Information Technology, and Energy sector personnel

Issue 2. HEALTH AND SAFETY OF HEALTHCARE WORKERS

In an effort to distribute vaccine and medication to people as soon as possible, health care facilities are forced to remain open and operational with limited security. Police departments have been severely impacted by the illness, and remaining officers are nervous and reluctant to report to work. The Emergency Operations Center (EOC) receives a call that people are beginning to question who is being vaccinated and why, and fights have begun to break out outside hospitals and clinics.

Physicians, pharmacists and nurses are now worried about their personal safety and ability to secure the vaccine, and are exhausted and experiencing extreme physical and psychological stress. The number of healthcare workers reporting to work at University Medical Center and area hospitals has declined. Administrators from local hospitals are concerned about patient safety and care. A meeting has been called with your Interprofessional advisory group and the public health department.

Question 2: Your task is to develop a protocol that will be instituted at UMC regarding professional conduct and responsibility for health care professionals. From the following, identify the driving value and fundamental assumption upon which your team's protocol is based. Explain your choice.

Health care providers will be:

1. Informed that their foremost professional commitment and social obligation is to serve the public's health in a time of need. Regardless of personal circumstances, workers must report to work.
2. Excused from their professional obligations only under certain circumstances if they meet the following requirements: sole caregiver of a person with a disability; single parent of a young child; caregiver for an older adult; psychological distress.
3. Sanctioned (such as suspension of license) if they neglect to show up to work during a public health emergency.
4. Face litigation or other punitive actions if they abandon or otherwise fail to serve their patients in a public health emergency.
5. Other: (please design your statement).

Issue 3. PRIVATE VS PUBLIC HEALTH

State and County health departments have limited medical personnel and supplies, and need resources particularly professional health care workers (doctors, nurses, pharmacists, etc.) to meet the need for care. The federal Strategic National Stockpile will only make resources available in extreme circumstances, and has denied requests for assistance at this stage. Your private multi-specialty group practice has been asked to assist with staffing and other resources. Your organization is understaffed and stressed, but you know that it is necessary to help mitigate further spread of disease. You are also aware of your organization's fiscal obligations and need to meet the "bottom line." A strategic meeting has been called with all staff, administration, and legal counsel to design a response to the health department

Question 3: What does your private healthcare organization see as their responsibility to the public's health?

1. In a national emergency, **all** health care providers - public and private, non-profit and for-profit – have an ethical responsibility to contribute financial and other resources towards public health and safety.
2. Responsibility should rest solely with federal, state and local public health departments and community health centers. Private hospitals, physician practices and other health care agencies and organizations are not legally nor financially obligated to contribute to the care of patients for whom they are not responsible.
3. Private, non-profit hospitals and health centers (i.e., UMC, TMC, Carondelet, El Rio, St. Elizabeth) have a commitment to the community, but private, for-profit hospitals (i.e., Northwest Medical Center, Tucson Heart Hospital) and other proprietary organizations and agencies (i.e., physician practices, pharmacies, home health agencies, hospices) do not.

Issue 4. BORDER HEALTH

Thousands of people from Mexico are crossing the border illegally, seeking care in Tucson hospitals and community clinics. Hospitals and clinics are asking for proof of U.S. citizenship or legal residency before providing care. Individuals who cannot produce documentation are being turned away. There is concern that many of these individuals may be infected with the influenza virus, endangering the health of others with whom they come in contact. Resources and manpower is limited. Your team is called in to provide guidance in the development of public policy for Arizona.

Question 4: What should be the response of government and private health care providers in caring for non-citizens? Identify one or more responses to guide public policy and explain why you think this is the best option(s) for Arizona.

1. Require proof of U.S. citizenship or legal residency before providing care, and turn away those who cannot produce documentation.
2. Provide health care to non-citizens who are insured or able to pay for their care.
3. Provide health care to every person regardless of citizenship or ability to pay.
4. Quarantine all non-citizens and isolate those who show flu-like symptoms.
5. Repatriate non-citizens back to their country of origin.
6. Provide care only to the most vulnerable (young, older adults, persons with disabilities), regardless of citizenship.

Issue 5. PUBLIC EDUCATION AND INFORMATION

Large numbers of people are calling the state and local health departments asking what the government is doing to protect them and their families. Phone lines are overwhelmed, the media has reported that the health department is being non-responsive, and inaccurate rumors begin to circulate about the government's inaction and lack of concern for the public's health. People are suspicious of the media at this time because so many conflicting messages have been circulating in the last few months. The government is asking for your team's recommendations as to how to avoid dissemination and spread of false and misleading information, and how to ensure the public receives accurate information under conditions of fear, suspicion, and the threat of infectious disease.

Question 5: Your team is responsible for advising City and County officials on health education and public information. What is the most appropriate policy governing media for informing and educating the public about the threats the influenza pandemic and how people can protect themselves and their families?

1. There should be a complete clampdown on the media; information should be controlled and released on a need-to-know basis by state and local public health departments.
2. The media should be carefully monitored and regulated, and information subject to review and approval by public health authorities.
3. Public health authorities should work closely with the major media outlets to make sure they receive accurate information regarding the pandemic including local circumstances.
4. People have a right to all information; there should be no restrictions on the media nor suppression of any information to the public.

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WHO Global Pandemic Phases and the Stages for Federal Government Response

WHO Phases		Federal Government Response Stages	
INTER-PANDEMIC PERIOD			
1	No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human disease is considered to be low.	0	New domestic animal outbreak in at-risk country
2	No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.		
PANDEMIC ALERT PERIOD			
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.	0	New domestic animal outbreak in at-risk country
		1	Suspected human outbreak overseas
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.	2	Confirmed human outbreak overseas
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).		
PANDEMIC PERIOD			
6	Pandemic phase: increased and sustained transmission in general population.	3	Widespread human outbreaks in multiple locations overseas
		4	First human case in North America
		5	Spread throughout United States
		6	Recovery and preparation for subsequent waves

Online Pandemic Flu Resources (current as of January 15, 2009)

Arizona

Official Arizona State Pandemic Flu Website

<http://www.azdhs.gov/pandemicflu/>

Arizona State Pandemic Flu Plan

http://www.azdhs.gov/pandemicflu/pandemic_flu_plan.htm

Planning Resources

U.S. Health and Human Services Department - CDC

<http://www.pandemicflu.gov/index.html>

Long-term Care / Residential Facilities Checklist

<http://www.pandemicflu.gov/plan/healthcare/longtermcarechecklist.html>

Individual / Family Checklist

<http://www.pandemicflu.gov/plan/individual/checklist.html>

Home Health Care Services Checklist

<http://www.pandemicflu.gov/plan/healthcare/healthcare.html>

Medical Office / Clinic Checklist

<http://www.pandemicflu.gov/plan/healthcare/medical.html>

Hospital Checklist

<http://www.pandemicflu.gov/plan/healthcare/hospitalchecklist.html>

National Organization on Disability / Emergency Preparedness Initiative.

Interprofessional education and evaluation: disaster readiness tips for people with disabilities:

<http://www.nod.org/index.cfm?fuseaction=Page.viewPage&pageId=11>

Quarantine Resources

U.S. Health and Human Services Department - CDC

U.S. Statutes governing Local Control of Communicable Diseases

<http://www.cdc.gov/ncidod/dg/lawsand.htm>

Vaccine Access and Allocation

U.S. Health and Human Services Department - CDC

Guidance on Allocating and Targeting Pandemic Influenza Vaccine

<http://www.pandemicflu.gov/vaccine/allocationguidance.pdf>

Workforce/Personnel Support

<http://www.hhs.gov/pandemicflu/>

Travel Resources

Current CDC Travel Advisories

<http://wwwn.cdc.gov/travel/contentAvianFluAsia.aspx>