

University of Minnesota Pandemic Influenza Tabletop Exercise

Script #1

Topic: Person-to-person spread of avian H5N1 influenza increases in Asia

Time Period: August through mid-September 2005

Time Allotted: 25 minutes (1:15 – 1:40)

Events:

- During the early summer months of 2005, human cases of avian H5N1 influenza continue to be reported from Vietnam and Cambodia, despite ongoing veterinary and public health efforts to curtail spread of the virus. As in earlier months, few instances of person-to-person spread are identified.



- However, on August 5, 2005, the Vietnamese Ministry of Health reports that public health officials are investigating a hospital-associated outbreak of H5N1 influenza involving 13 nosocomial cases. Because the patients acquired infection while in the hospital, the outbreak clearly is the result of person-to-person transmission. The index case was admitted to the hospital on July 29. Additional cases among staff and patients began occurring on August 1.
- Over the next few weeks, additional localized outbreaks of H5N1 influenza that involve



- person-to-person spread occur in Vietnam and Southern China.
- As a result of these occurrences, WHO declares a Phase 5 Pandemic Alert on August 30, 2005. Most public health experts agree that an influenza pandemic is imminent. (*Note: WHO defines Phase 5 as “Larger cluster(s) [of influenza] but human-to-human spread still localizes suggesting that the virus is becoming*

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increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).”

- In response to these recent outbreaks, the Centers for Disease Control and Prevention (CDC) issues travel recommendations that are similar to those issued for Severe Acute Respiratory Syndrome (SARS; last updated July 2004). Key recommendations for public health personnel include: 1) request that persons returning to the United States from high-risk areas monitor their health for 10 days for fever and/or respiratory symptoms (i.e., influenza-like illness), 2) evaluate travelers who report influenza-like illness during travel and collect locating information for the other passengers and crew, and 3) respond to reports of ill passengers on airplanes or other conveyances arriving from areas with H5N1 influenza.

Data Injects:

- **Data Inject A:** Recommendations from CDC for returning travelers
- **Data Inject B:** Health Alert Network (HAN) message from the Minnesota Department of Health (MDH) sent to local health departments and providers throughout the state



Issues for Discussion:

- Review of what steps the University would take in preparation for a pandemic, including discussion of roles and responsibilities.
- The University needs to develop policies for foreign students coming from H5N1-affected areas and for University faculty and students who will be returning from summer programs abroad.
- These policies need to be coordinated with public health messages from MDH, Hennepin County Human Services and Public Health Department, and CDC.
- Steps to enforce policies for foreign students and returning travelers.
- Steps to enhance influenza surveillance for pandemic influenza on the University of Minnesota campuses.
- Communications between MDH and the University (use of the Health Alert Network [HAN] and other mechanisms).

Notes:

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Script #2

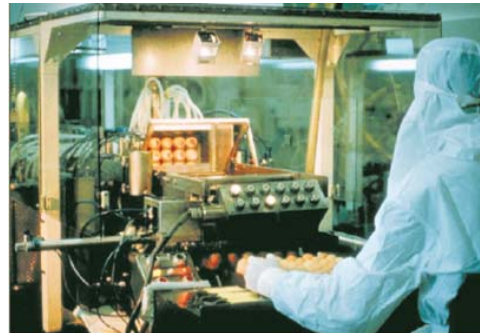
Topic: Prioritization of vaccination among University personnel

Time Period: September 2005

Time Allotted: 25 minutes (1:40 – 2:05)

Events:

- In September, the novel H5N1 strain begins to spread rapidly in several Asian countries with increased and sustained person-to-person transmission. Because of this, WHO officially declares the onset of an influenza pandemic (Phase 6) on September 21, 2005.
- In late September, CDC informs state health departments that H5N1 vaccine will not be available until February 2006, despite emergency efforts to produce vaccine against the novel strain.
- CDC will distribute vaccine through the Strategic National Stockpile (SNS) to state health departments in batches as it is produced and according to the state's population.
- MDH expects to receive approximately 50,000 doses with the first batch in February; additional batches of vaccine will be received about every 2 weeks.
- In anticipation for distribution of the limited vaccine supplies, MDH is reviewing



and finalizing pandemic influenza vaccine distribution plans across the state for the first batches of the pandemic vaccine. State Health Commissioner, Diane Mandernach, has asked various entities across Minnesota, including the University of Minnesota and FUMC, to determine and report anticipated vaccination needs for

their essential personnel, including personnel for medical response and infrastructure maintenance.

Data Injects:

- **Data Inject C:** Fairview University Medical Center (FUMC): Staffing and Capacity
- **Data Inject D:** Boynton Health Service (BHS): Staffing and Capacity
- **Data Inject E:** Table of Other University Service Personnel

Issues for Discussion:

- Discussion of essential University personnel.
- Methods for prioritization among University personnel for the limited vaccine supply that will be made available in February and thereafter (e.g., how decisions will be made, who will make the decisions, etc).
- Discussion of vaccination needs at FUMC and BHS in order to maintain clinical services for the University population.

Notes:

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Script #3

Topic: The pandemic strain is recognized in a University of Minnesota student; an outbreak of H5N1 influenza on the Minneapolis campus follows.

Time Period: October 2005

Time Allotted: 25 minutes (2:05 – 2:30; followed by a 15-minute break)

Events:

- By mid-October, outbreaks of H5N1 are reported across much of Asia and in a number of other countries, including the United States.
- On October 25, 2005, the first Minnesota case is reported in a college student attending the University of Minnesota in Minneapolis. The week before her illness onset, she had visited friends in the Chicago area and stayed near Lincoln Park, where several cases of H5N1 influenza had just been identified.
- She is a freshman who resides in Territorial Hall. At the time of admission to FUMC, she has been ill for 2 days. On the first day of her illness, she attended her regular classes and in the evening, attended a large social event on campus. She dies on the third day of her illness.
- Within 5 days after her illness onset (i.e., by October 30), over 30 cases of



suspected H5N1 influenza are identified among University students, most of whom live in the four residence halls that make up the “Superblock” located on the East Bank of the Minneapolis Campus (Centennial Hall, Frontier Hall, Pioneer Hall, and Territorial Hall).

Data Injects:

- **Data Inject F:** Information on the four Residence Halls that comprise the “Superblock” on the East Bank.
- **Data Inject G:** Map of the Minneapolis campus.

Issues for Discussion:

- Incident management structure for handling the influenza outbreak on campus.
- Communication between MDH, Hennepin County Human Services and Public Health Department, FUMC, and the University.
- Management of students living in the four involved residence halls at the time that the first case is recognized.
- Management of additional ill students as the outbreak spreads.
- Recommendations for students who live in other residence halls.
- Laboratory testing issues.
- Case reporting from the University to MDH (i.e., how will cases on campus be identified, tracked, and reported).
- Tracing and management of case contacts.
- Outbreak control recommendations for students, faculty, and staff.
- Infection control issues involving BHS and FUMC.
- Recommendations for students who wish to go home or to travel off campus.
- Recommendations for use of antiviral agents.
- Ongoing coordination between the University, FUMC, BHS, Hennepin County Human Services and Public Health Department, and MDH.

Notes:

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Script #4

Topic: Healthcare needs on campus continue to grow.

Time Period: October 2005

Time Allotted: 25 minutes (2:45 – 3:10)

Events:

- By the week of October 31, H5N1 influenza activity is reported as widespread in 8 states and 15 additional states report local or regional activity. Sporadic cases have been reported in Minnesota and the pandemic is beginning to gain a foothold in the Twin Cities metropolitan area. Data from nationwide laboratory-based surveillance indicate that the only strain of influenza circulating in the United States at this time is H5N1.



- In response to the influenza outbreak on campus and in anticipation of growing healthcare needs among students, staff, and the surrounding community, the AHC Emergency Response Team, BHS, FUMC, Hennepin County Human Services and Public Health Department, and

MDH are strategizing on ways to meet the escalating clinical care demands for the University and elsewhere in the Twin Cities metropolitan area.

- The University has set up a telephone hot line to provide information about pandemic influenza and has developed triage guidelines in conjunction with FUMC that include criteria for directly referring patients to the hospital's Emergency Department.
- Despite these efforts, BHS is being overwhelmed with students who are concerned that they may have



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influenza. Although a number of these students are “worried well,” a high percentage of them have influenza-like illness and a number need immediate medical attention. In response to this high volume, BHS is exploring the best strategies for responding to these clinical care needs. FUMC is also implementing its plans for surge capacity to handle the influx of ill students.

- The AHC Emergency Preparedness Program is gearing up to deploy its Medical Reserve Corps if needed and is in conversations with MDH and Hennepin County Human Services and Public Health Department regarding the best use of this resource as the numbers of cases both on campus and in the community continue to grow.

Data Injects:

- **Data Inject H:** Summary of the University’s Medical Reserve Corps (MRC).

Issues for Discussion:

- Surge capacity for medical care of students.
- Triage mechanisms for screening ill students.
- Discussion of alternative sites of care (MDH level or Hennepin County level)
- Activation of the MRC and the appropriate role of the University’s MRC in the Twin Cities community.
- Staffing for a University-based hotline; potential contribution of MDH and Hennepin County in the hotline (e.g., hotline facilities, protocols, trained staff, etc.).

Notes:

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Script #5

Topic: The pandemic spreads in the Twin Cities; University officials consider cancellation of classes until the pandemic abates.

Time Period: Early November 2005

Time Allotted: 25 minutes (3:10 – 3:35)

Events:

- In late October, Dr. Keiji Fukuda, CDC medical epidemiologist detailed to WHO, reports that the pandemic strain appears to be highly virulent for all age groups, particularly children and young adults.
- Despite efforts to curtail the spread of influenza on campus, the outbreak escalates rapidly among the student population. Several hundred cases of suspected H5N1 influenza are identified between October 31 and November 3 and hundreds more seek healthcare for respiratory illness, concerned that they have influenza.



- By Wednesday November 2, 2005, several deaths have been reported among University students and a number of additional students are in critical care at hospitals throughout the Twin Cities. During the early part of the week, many students have left the campus for fear of influenza and absentee rates among staff are high.
- University officials have been monitoring the situation closely and have been discussing at what point to cancel classes. According to the school calendar, classes are scheduled to run until December 14 with finals the following week.

Data Injects:

- None

Issues for Discussion:

- Discussion of whether or not to cancel classes for the remainder of the semester and the next semester.
- Discussion of what responsibility the University will have for tracking (or communicating to others about) ill students who leave campus to go home, especially if those students live in other states and/or regions currently not experiencing pandemic influenza activity.
- Discussion of what other activities on campus should be curtailed.
- Continued operation of the University in light of the growing impact of the pandemic in the Twin Cities; strategies to maintain essential services on campus.
- Recommendations for University employees.
- Risk communication messages to the students, staff, faculty, and parents.
- Coordination of public risk communication messages (hotlines, media, etc.)

Notes: