Missouri Association of Homes for the Aging

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TO: MoAHA Members
FROM: Denise Clemonds, CEO
DATE: April 29, 2009
SUBJECT: Virus-caused Pandemic Resources

MoAHA members have critical operations and functions that must be performed, or rapidly and efficiently resumed, in a disaster or other emergency. Emergency events can quickly interrupt, paralyze, and/or destroy your ability to perform your missions. While the impact of these emergencies cannot be predicted, planning for operations under such conditions can mitigate the impact of the emergency on your employees/families, residents/clients and their families and your organizational facilities.

MoAHA has received several requests for information regarding virus-caused pandemic resources and we hope the following information will assist you. There are many resources available to assist you in your planning and MoAHA has listed many of them in our Swine Flu Toolkit available on our website – www.moaha.org.

If you providing nursing home or residential care services, please be sure to visit the following website for a pandemic influenza planning checklist: http://www.pandemicflu.gov/plan/pdf/longtermcare.pdf

If you provide Home Health Care, you'll want to visit the following site for a pandemic influenza-planning checklist: http://www.pandemicflu.gov/plan/pdf/healthcarechecklist.pdf

MoAHA wants to alert you to virus-caused pandemic and identified issues that may arise in your organization's approach to care and organizational support. If you do not have a virus-caused pandemic plan within your emergency plan, now is a good time to get one started.

Educational Opportunity for Pandemic Planning

WHO: Providers of All Aging Services
WHAT: Virus-caused Pandemic Training

We are working on an educational event regarding the current swine flu events and over-all emergency planning.

Please watch for more information.

You might consider the following planning general assumptions for your pandemic planning:

1. Susceptibility to the pandemic influenza virus will be universal.

2. Efficient and sustained person-to-person transmission indicates an imminent pandemic.

3. The clinical disease attack rate will likely be 30 percent or higher in the overall population during the pandemic. Illness rates will be highest among school-aged children (about 40 percent) and decline with age. Among working adults, an average of 20 percent will become ill during a community outbreak. Some persons will become infected, but not develop clinically significant symptoms. Asymptomatic or minimally symptomatic individuals can transmit infection and develop immunity to subsequent infection.

4. Of those who become ill with influenza, 50 percent will seek outpatient medical care. With the availability of effective antiviral drugs for treatment, this proportion may be higher in the next pandemic.

5. The number of hospitalizations and deaths will depend on the virulence of the pandemic virus. Estimates differ about ten-fold between more and less severe scenarios. Planning should take into consideration the more severe scenario. Risk groups for severe and fatal infection cannot be predicted with certainty, but are likely to include infants, the elderly, pregnant women, and persons with chronic medical conditions.

6. Rates of absenteeism will depend on the severity of the pandemic. In a severe pandemic, absenteeism attributable to illness, the need to care for ill family members and fear of infection may reach 40 percent during the peak weeks of a community outbreak. Lower rates of absenteeism will be likely during the weeks before and after the peak. Certain public health measures (closing schools, quarantining household contacts of infected individuals) are likely to increase rates of absenteeism.

7. The typical incubation period (interval between infection and onset of symptoms) for influenza is approximately two days.

8. Persons who become ill may shed the virus and can transmit infection for up to one day before the onset of symptoms. Viral shedding and the risk of transmission will be greatest during the first two days of illness. Children usually shed the greatest amount of the virus and are likely to post the greatest risk for transmission.

9. On average, infected persons will transmit infection to approximately two other people.

10. A pandemic outbreak in any given community will last about six to eight weeks for each wave of the pandemic.

11. Multiple waves (periods when community outbreaks occur across the country) of illness could occur with each wave lasting two-three months. Historically, the largest waves have occurred in fall and winter, but the seasonality of a pandemic cannot be predicted with certainty.

12. The stages of the pandemic should occur sequentially, though they may overlap or occur so rapidly as to appear to be occurring simultaneously or being skipped. For example, the pandemic could spread so rapidly that Federal Government Response Stages 3 and 4 may be activated simultaneously or a change from Stage 3 to 5 is ordered.

The number of hospitalizations and deaths will depend on the virulence of the pandemic virus. Estimates differ about ten-fold between more and less severe scenarios. Below, two scenarios are presented based on extrapolation of past pandemic experience. Planing should take into consideration the more sever scenario. Risk groups for severe and fatal infection cannot be predicted with certainty, but are likely to include infants, the elderly, pregnant women, and person with chronic medical conditions.

Characteristics	Moderate (Similar to 1958/1968)	Severe (Similar to 1918)
Illness	90 million (30%)	90 million (30 %)
Outpatient Medical Care	45 million (50%)	45 million (50 %)
Hospitalization	865,000	9,900,000
ICU Care	128,750	1,485,000
Mechanical Ventilation	64,875	745,500
Deaths	209,000	1,903,000

Note: Estimates based on extrapolation from past pandemics in the United States. Note these estimates do not include the potential impact of interventions not available during the 20th century pandemics.

Determine Your Critical Functions

Members should identify critical functions and services needed to sustain your organizations mission and operations for several months.

- **Exposure reduction and alternate work strategies:**

To minimize the effects of a pandemic on employees and operations and to continue mission critical functions and services, management personnel should emphasize and implement procedures such as social distancing techniques, infection control and personal hygiene, cross training, and telework.

- **Alternative work arrangements:**

Management should assess which critical functions and services can be conducted through the use of alternative work arrangements, e.g., telework from home.

- **Risk Communications:**

When conditions change from one response stage to another, personnel need to receive information quickly to automatically trigger certain readiness measures.
The World Health Organization (WHO) has established a grid that sets “stages” for federal government response – see next page.

- **Delegations of Authority**

At the height of a pandemic wave, absenteeism may reach a peak of 40 percent. As such, delegations of authority are critical. Consider a plan for delegations of authority that are at least three deep per responsibility to take into account the expected rate of absenteeism to help assure continuity of operations over an extended period of time, i.e., 30-60-90 days.

- **Communication to Stakeholders**

A communication plan should be developed to allow the administration to communicate relevant information pertaining to pandemic influenza to internal and external stakeholders through a number of methods, i.e., website, e-mail, telephonic, and posters. This information should include, but not limited to, instructions for determining the status of agency operations, possible changes in working conditions, family communications with residents of LTC communities, and operational hours.

Are you wondering what the media is referencing when they speak of the change in the Federal pandemic "phase"?

World Health Organization (WHO) Phases of a Pandemic/U.S. Government Stages of a Pandemic

PANDEMIC INFLUENZA			
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 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 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

www.pandemicflu.gov/plan/community/commitigation.html

Preparing your organization (Maintaining operational continuity and continuity of care)

- be prepared to work with a reduced workforce
- be prepared to implement telework plan for appropriate staff
- be prepared to have personnel performing functions that may be deemed nonessential during a pandemic incident ready to perform primary response tasks

Protecting your employees (transmission, vaccination, and treatment)

- Antiviral is not available at this time.
- Personal Protective Equipment (PPE), antimicrobial gloves, antiseptic towelettes, saline solution, one-way CPR mask, N95 masks, protective eyewear, waterless antiseptic hand wash, and biohazard storage bags

Protecting your residents and staff (maintaining public order)

- Provide the Department of Health and Senior Services with relevant information on any credible threat or other situation that could threaten public health (known persons infected with influenza virus - including family members)

SOCIAL DISTANCING - when possible maintain a 3 foot (minimum) to 6 foot (optimum) distance between you and the other person.

WASHING OF HANDS - when possible avoid handshaking, use hand sanitizer or wash with warm soapy water, N95 MASK - for your use as well as the other persons, and last but not least, if you are in physical contact (closer than Social Distancing) with an individual who has recently traveled to Mexico it may be prudent to exercise a higher level of personal protection, to include medical evaluation.

See the MoAHA website for more resources – www.moaha.org