

Anytown

Pandemic Orientation Exercise

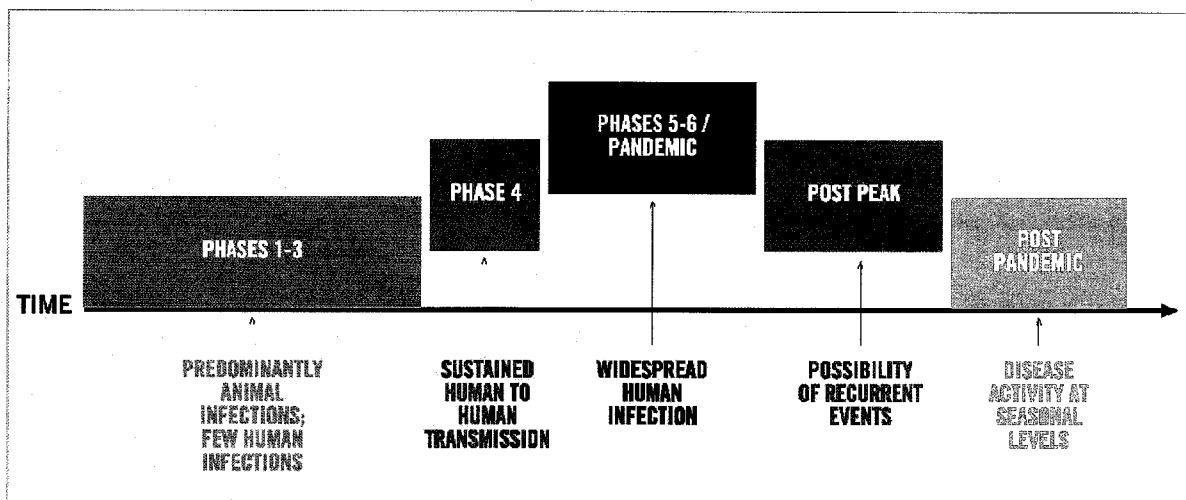
EXERCISE PURPOSE

The purpose of this exercise is to test the Anytown Pandemic Business Continuity Plan, so that opportunities for continuous improvement can be explored. The exercise will also provide a familiarization and training activity that will allow participants to understand the required actions during the various phases of an influenza pandemic.

Note: Specific information pertaining to pandemic efforts at the local Anytown level will be provided by the exercise facilitator during the exercise.

PRE-EXERCISE DISCUSSION

World Health Organization (WHO) Pandemic Influenza Phases:



BACKGROUND (Hypothetical Scenario)

In October of 2010, an outbreak of unusually severe respiratory illness was identified in a small village in Cambodia. Thirty cases have been identified to date, of which 20 have been hospitalized and 6 have died. Surveillance in the surrounding area increases, identifying additional cases; nearly a week later, officials are scrambling to deal with approximately 60 cases, of which 20 have died.

Testing of viral cultures reveals a Type A influenza. Isolates are sent to the World Health Organization (WHO) reference laboratory in Hong Kong, where the tests have identified an H1N1 subtype never before identified in humans.

This information is disseminated throughout the world through the WHO network which, in collaboration with the US Centers for Disease Control, dispatches a team of epidemiologists and laboratory personnel to Cambodia to further evaluate the outbreak.

In Canada, the Public Health Agency of Canada and Alberta Health Services have advised all regional health services to be on the alert for patients with acute respiratory illness, focusing especially on people who have recently traveled to Cambodia.

STOP – Review Anytown Pandemic Business Continuity Plan for potential necessary municipal level actions

PHASE 4

The story becomes headline news in all major newspapers in Canada and is the lead story on major TV networks. Reports now indicate that the WHO has announced the virus is one that is capable of human-to-human transmission, localized in Cambodia at this time. The WHO declares a Pandemic Phase 4 in that region.

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PHASE 5
PANDEMIC

In December 2010, similar cases are reported in Hong Kong, Japan and Thailand. Cases are reported in all age groups; however, casualty rates are highest in the young adult group, with fatality rates of close to 50%. The WHO elevates the Pandemic level to a Phase 5 globally.

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Numerous countries around the world place themselves on high alert. The Public Health Agency of Canada obtains cultures of the H1N1 virus so that work can begin to produce a vaccine. Public unease grows because there is no available vaccine at present.

By mid-January 2011, human cases of the H1N1 virus are identified in Canada, currently limited to airline passengers arriving from Hong Kong in Toronto, Vancouver, Los Angeles and New York. Provincial health authorities are directed to intensify influenza surveillance. The WHO has elevated the world pandemic level to Phase 6 – Pandemic Alert.

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Early in March 2011, outbreaks are experienced in Canada's major cities, and effects are being felt in Alberta, where larger than normal volumes of people are visiting family doctors, medi-centres and hospital emergency wards. Absentee levels are beginning to rise in schools, hospitals and government offices and services are beginning to be affected.

Pressure on hospital emergency wards is increased as physicians close offices and direct patients to the nearest emergency department. Citizens are calling physicians and pharmacists looking for a vaccine, and being told a vaccine is at least 2 to 4 months away. The media has reported that, when a vaccine does become available, initial stocks will not last long and will be distributed to priority groups first, raising further public fear and anxiety.

Calls to elected officials from angry citizens are increasing, with stories about family illnesses increasing. Much confusion and misinformation is evident. There is speculation in the media about school closures, and cancelled public gatherings (e.g., shopping malls, sports events).

Absentee rates in government facilities are approaching 20%, primarily concentrated in positions dealing with the public (due as much to fear of infection as actual illness). Absentee rates are projected to peak at approximately 35%.

Food (and pharmaceutical) supplies are becoming limited, as people appear to be "stocking up", and retailers and suppliers are not able to restock as usual because of their own employee absenteeism.

In addition to other Town services, other essential services affected by absenteeism are:

- Police
- Fire
- Healthcare workers
- Schools (Teachers)
- Inspection services
- Corrections officers
- Hydro, gas, water, phone and cable providers
- Mail delivery/postal staff
- Banking institutions

By June 2011, it is estimated that fully 20% of Alberta's population will be infected with the virus, and workplace absenteeism will be near the 40% mark.

Note: The Premier of Alberta may declare a State of Emergency, and advise all municipalities to maintain emergency pandemic response actions, as per their respective Emergency Pandemic Contingency Plans.

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POST
PEAK
PERIOD

At a future date, the pandemic has subsided (as declared by the WHO to the Public Health Agency of Canada), as no new cases are being reported in Alberta, North America, or globally.

However, a potential second wave may take place in fall/spring of 2011/12.

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POST
PANDEMIC
PERIOD

Levels of influenza activity have returned to the levels seen for seasonal influenza in most countries with adequate surveillance.

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