

STATEWIDE MEDICAL AND HEALTH EXERCISE

SCENARIO SUMMARY – Pandemic Influenza

*How To Use This Document: The scenario for this exercise is objective-driven; it was developed in order to test the suggested exercise objectives and core capabilities. If participating agencies decide to add or subtract from the suggested list of objectives, they are advised to review the scenario to confirm that the new objectives will be fully tested. Objectives or capabilities that are not applicable to the chosen scenario should not be included in the participating organization’s Exercise Plan. Bracketed text (e.g., [your jurisdiction]) is provided to aid with location-specific tailoring. Additional detail regarding the 2015 Statewide Medical and Health Exercise (SWMHE) scenario is made available in the Tabletop Exercise Situation Manual (SitMan), the Functional Exercise Master Scenario Events List (MSEL) and the Survivor Cards. These resources, in addition to several other supporting documents, are available for planners at www.californiamedicalhealthexercise.com.*

**DISCLAIMER:** In order to provide a surge of patients to healthcare facilities’ as well as prompt Point of Dispensing (POD) activation simultaneously within the scheduled duration of the exercise on November 19, 2015, the timeline for some events described in the following scenario has been condensed. This is a necessary exercise artificiality designed to ensure that all participating agencies can test the objectives and capabilities within the exercise timeframe.

BACKGROUND

Human-to-human transmission of a novel strain of the influenza virus H5N1 is initially identified in Cambodia and quickly spreads throughout Southeast Asia and Australia. In Asia, it is estimated that of those who are exposed, roughly 30% will develop symptoms. The seasonal vaccine is ineffective, and all age groups are affected. Certain antiviral medications have been shown to help alleviate symptoms and are in high demand from local health departments, pharmacies, and healthcare providers.

While no cases have been identified yet in the U.S., the Centers for Disease Control and Prevention (CDC) develops a case definition and initiates enhanced surveillance at quarantine stations and large healthcare facilities at major U.S. ports of entry. Viral isolates are sent to the CDC and the National Institute of Allergy and Infectious Diseases (NIAID) to begin vaccine development; and healthcare facilities across the country are asked to increase surveillance and reporting. The national media leads with pandemic flu stories and signs of public concern continue to grow. At the same time, California is experiencing an above-average flu season and many healthcare facilities are inundated with Influenza-like Illness (ILI) cases. Due to the recent public health alerts, patient workups include testing for H5N1.

CASES IN CALIFORNIA

At 8:30 AM on Monday, November 16, 2015, a 33-year old woman in [name of neighboring county] becomes the first confirmed H5N1 case in California. She alerts healthcare staff that she recently hosted visiting family members from Cambodia. The woman advises that late last week (while she was symptomatic) she and some of the visiting family members (also ill) attended a large fair in [name of neighboring county], having over 5,000 attendees. Hospitals in that area experience a wave of ILI cases, many of who attended the fair.[[1]](#footnote-2)

By 12:30 PM, the first confirmed H5N1 fatality in California is recorded in the neighboring county. The media actively covers the situation and has reports on the patient’s presence at the fair, which many [your jurisdiction] residents also attended.

On Tuesday, November 17, 2015, in anticipation of a surge of patients, the [your jurisdiction] public health Department Operations Center (DOC) is activated, and Strategic National Stockpile (SNS) assets are requested.

On Wednesday, November 18, 2015, notification is received that doses of an H5N1 pandemic vaccine that has been tested for safety and is shown to be an efficacious in preventing the novel circulating influenza strain are available for distribution through the SNS. While no H5N1 cases have been identified in [your jurisdiction], the public health department has taken a proactive posture and is planning on distributing vaccines to hospitals and local health departments, as well as activating a select number of PODs around [your jurisdiction]. Requests are made for government resources to provide extra security at healthcare facilities, government buildings, and vaccine POD sites. Healthcare facilities in the neighboring county have seen at least 80 suspect H5N1 cases that attended the fair.

At 9:00 AM on Thursday, November 19, 2015[[2]](#footnote-3), three patients, a mother with two children ages six and nine years, present at a local hospital with symptoms of a fever of 103 degrees Fahrenheit, sore throat, nasal congestion, and a headache for four days and shortness of breath for one day. The mother alerts healthcare staff that she and several members of her church attended the [name of neighboring county] fair late last week. The woman mentions that she also attended an event at her children’s school three days ago. In the next few hours, healthcare staff see ten new ILI cases, with several others calling in with questions about their symptoms. Many of the cases confirm that they were present at the county fair last week, or the school event three days before.

Later that afternoon, the mother and the younger of her two children become the first confirmed local H5N1 fatalities at the healthcare facility. In [your jurisdiction], healthcare facilities experience a surge in the number of individuals seeking evaluation and treatment for ILI, to include several patients who had contact with the confirmed H5N1 patients.

Triggered by the media coverage of the county fair cases, many concerned locals are presenting at local healthcare facilities asking for vaccine and antiviral medications. In the next 23 hours, additional H5N1 cases are identified and confirmed across the County. The Health Officer is faced with an onslaught of crucial decisions, to include ongoing risk communications strategies, DOC / Emergency Operations Centers (EOC) coordination, disease investigation/surveillance and coordination with local, State and Federal authorities as well as tribal agencies. The Governor declares a state of emergency. The California Department of Public Health (CDPH) is considering the activation of specialized programs, such as Flu-On-Call, to limit the strain on local healthcare providers. PODs are activated, healthcare facilities across the region experience their most significant medical surge yet, and security issues mount with widespread public speculation regarding fatality rates and supply levels of treatment medicines and personal protective equipment (PPE) for the public and responders. Personnel in key positions are absent due to illness, fear of illness, or caring for ill family members.

1. Current data for A (H5N1) infections indicate that the incubation period is anywhere from 2 – 8 days, sometimes extending as long as 17 days (World Health Organization [WHO] Avian Influenza, 2014: http://www.who.int/mediacentre/factsheets/avian\_influenza/en/) [↑](#footnote-ref-2)
2. Healthcare facility exercise play is expected to commence on the morning of Thursday, November 19, 2015. [↑](#footnote-ref-3)