**CSC Discussion 2 – Pandemic Scenario**

H8N4 is a new human influenza virus that appears to have originated from birds in Asia. It appears to cause significant morbidity and mortality and has rapidly spread from Asia to the Western Hemisphere including the United States. H8N4 influenza activity is widespread in some parts of the East Coast and some cities on the West Coast. This pandemic strain of flu appears to be affecting all age groups but there are some indications that the elderly (>65 years of age) are not as severely affected. However, children are more affected compared with usual seasonal outbreaks.

The first case of H8N4 identified in the metro area is a school age child who had recently traveled to Washington, D.C. The child is hospitalized and rapidly declines and dies within 24h. There is a great deal of public concern and media attention given the age and severity of this first case. According to the CDC, an estimated 25-50% of the exposed population to this flu strain will develop clinical symptoms compared with a seasonal flu strain where only 5-15% of population becomes ill. The media has dubbed this outbreak the ‘Kid Killer’ flu.

A vaccine is at least 4 to 5 months away. Due to the novel nature of this virus and high mortality, airborne isolation precautions are recommended for healthcare providers. Anti-virals have some efficacy preventing complications, particularly in high-risk individuals. ICU capacity has been exceeded in many areas of the East Coast. Locally, decisions need to be made about school closure and other community-based interventions.

**Emergency Management Questions:**

1. How would you work with other hospitals / public health / Metro Healthcare Coalition to plan for pandemic expansion?
2. What plans are in place to coordinate crisis care on a regional level (that is, determine consistent policies and process across the area and not just within a facility)
3. What is the process for request prioritization when there is overwhelming demand for the same resources from multiple facilities? How do you work with other healthcare systems and or EM/MDH on these issues?
4. How do PH and emergency management support the pandemic response?
5. What regulatory or other support do you need from MDH/State of MN?

**Pharmacy Questions:**

1. How will you restrict access to / ration anti-virals?
2. Are you a closed point of dispensing (POD) for your employees / families? If so, what issues can you anticipate?
3. What major medications can you anticipate shortages of? How could these be mitigated?
4. What are some roles / issues to discuss with retail pharmacies
5. In case of multiple medication shortages and limited supply how will you work with your health system / other facilities to cope? (e.g. consistent use policies)

**Clinical Questions:**

1. Does your healthcare facility have a plan for clinical triage of resources (such as ventilators, medications, ECMO, etc.) in place?
2. Is there a regional plan for managing transfers of patients when beds are scarce? (i.e. patient from smaller hospital is intubated and needs an ICU bed – do you have to call around to all hospitals or is there a central process?)
3. How will you manage shortages of N95s at your facility? With your coalition?
4. How can alternate systems of care provide relief to the hospitals during a pandemic? (e.g. telehealth, phone prescribing, etc.)
5. Do you have a critical care surge plan?