

PANDEMIC INFLUENZA PLANNING GUIDANCE FOR HEALTHCARE INSTITUTIONS

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Planning for the Inevitable: Preparing for Epidemic and Pandemic Respiratory Illness in the Shadow of H1N1 Influenza

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The recent outbreak of novel H1N1 influenza has underscored the importance of hospital preparedness in responding to epidemic and pandemic respiratory illness. Comprehensive planning for the emergence of novel respiratory pathogens should be based on an all-hazards approach, with the input of key stakeholders. A staged, scalable model allows for a flexible response, and the addition of a medical control chief and a situational assessment chief to the incident command system provides the clinical and epidemiologic expertise essential for effective implementation. Strategies for coordinated and efficient communication both within and outside the institution should be clearly outlined. Furthermore, the outbreak of novel H1N1 influenza demonstrated the necessity of (1) additional support roles within the hospital, (2) development of employee databases, and (3) incorporation of disease severity into staged planning. Careful consideration of these issues will allow institutions to better meet the challenges of treating epidemic and pandemic respiratory illness, both now and in the future.

Since 11 September 2001 and the 2003 severe acute respiratory syndrome (SARS) outbreak, the health care and public policy communities have extensively discussed the importance of disaster planning. Significant steps have been taken by national and international health care organizations to prepare for the burden on health systems that such events might pose [1]. The 2009 H1N1 influenza outbreak has underscored the importance of preparedness at the hospital level. Some hospitals have effectively integrated the infection prevention and disaster planning lessons learned from SARS and previous influenza pandemics. However, experts continue to worry that other novel respiratory pathogens may spread in an explosive fashion in health care settings, taxing an already stressed infrastructure. Data from the early 2009 H1N1 influenza response confirm that the concern for risk in health care settings is warranted. In one report, the Centers for Disease Control and Prevention noted that 50% of health care personnel with documented

H1N1 infections were infected in a health care setting [2]. Furthermore, expert estimates regarding the expected volume of patients in a pandemic [3], although variable, highlight the need for plans that incorporate measures to (1) provide quality care to affected patients, (2) protect patients and health care personnel from health care-associated infection, and (3) maintain continuity of core operations in the face of epidemic and pandemic respiratory illness (EPRI). Few resources are available, however, to guide hospital EPRI planning efforts, and early experiences in the 2009 H1N1 influenza outbreak highlighted key planning issues that had previously been inadequately addressed. Herein, we offer an approach to hospital EPRI response planning that incorporates lessons learned in the initial response to 2009 H1N1 influenza. We review the all-hazards model for disaster planning, discuss unique issues in EPRI readiness, and offer tools for effective EPRI response.

ESTABLISHING A FRAMEWORK: THE ALL-HAZARDS APPROACH

Disaster planning best practices dictate that an all-hazards approach provides the strongest basis for a functional institutional response to critical events [4]. All-hazards planning is based on the concept that most disaster-response functions are common to all disaster types, and unified planning provides the

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