

**Contact: Diana Gonzalez**

**FLU PANDEMIC RESPONSE PLAN REPORT**

**Action Requested:** Receive the flu pandemic response plan report prepared by the University of Iowa.

**Executive Summary:** In February 2006, Provost Michael Hogan constituted a task force of health care professionals and critical incident managers to develop a University response plan to a pandemic emergency, such as avian flu. The task force was chaired by Christopher Atchison, Associate Dean – College of Public Health; it included faculty and professional staff from the University's health science colleges, the Hygienic Laboratory, University of Iowa Hospitals and Clinics, the Iowa City Veteran's Hospital, Iowa City Mercy Hospital, Johnson County Department of Public Health, and the Iowa Department of Public Health. The other Regent institutions were kept informed throughout the development of the plan.

The task force was charged with four goals:

- ◇ Produce a written response plan that identified the steps taken at different stages leading up to and following an influenza pandemic, and the stakeholders involved in each of the steps.
- ◇ Develop and oversee a simulation exercise to validate the plan's comprehensiveness and effectiveness.
- ◇ Develop presentation(s) to inform members of the University of Iowa community about the University's response plans.
- ◇ Be prepared to act in a consulting capacity to internal and external constituencies, including the Regent Enterprise, State of Iowa, and other academic institutions in the state, regarding response to a pandemic influenza.

**Background:**

The Task Force plan responded to five topical areas:

- ◇ General University Preparedness (Basic Plan). This component established an overall framework for University preparedness based on the University's mission and alignment with the University's Critical Incident Management Plan and principles of the U.S. Department of Homeland Security's National Incident Management System (NIMS). A set of principles and assumptions were established as a framework for subsequent preparedness strategies. For example, based on CDC projections, it is assumed that 35% of the University's students, staff, and faculty would become ill (n=15,000) and 15% of those individuals would require treatment (n=6,500).

- ◇ Public Health Services. This component includes surveillance and collection of epidemiology information (disease tracking and contact tracing); notification of appropriate individuals and agencies, including participants in the Iowa Health Alert Network and community psycho-social health service providers; review of vaccine and antiviral drug distribution plans, and identification of high risk clinical staff for inclusion in potential implementation of those plans; and implementing disease control measures.
- ◇ Health Care Services. The plan is structured to ensure that the University can effectively screen, triage, quarantine, and refer ill and worried students, staff, and faculty to specific care sites during an influenza pandemic. This function draws heavily upon the development of the Hospital Emergency Incident Command System (HEICS) planning by the University of Iowa Hospitals and Clinics as required by state licensing and emergency officials. Adoption of the HEICS model also promotes coordination with other health care organizations in the community and state.
- ◇ Continuity of Operations in Education, Human Services, and Research. The plan identifies activities that may be suspended in the event of a pandemic (such as classes, arts events, large public gatherings) and those that must continue, including core functions of the Department of Public Safety, Human Resources, Facilities Management, Information Technology Services, and Student Health Services. Public Safety, Human Resources, Student Health Services, and the Office of the Provost have begun planning for continuity of operations by outlining issues related to their units and establishing lines of succession.
- ◇ Communications and Consultation. All public information will be coordinated through and disseminated by the University Relations office with assistance from the Senior Advisor to the President for Public Health Programs and Policy and the Public Health Officer. The plan recommends establishing a web site on which to post the response plan and related resources, such as prevention and public health information; planning and confirming communications technologies to aid in communications efforts in the event of reduced staff; creating contact lists for individuals in key communications roles; and ensuring that plans are in place for communicating with external organizations.

The plan uses the World Health Organization's disease progression phases to determine preparedness and response activities. The University's leadership team will be responsible for directing the implementation of each phase.

- ◇ Pre-Pandemic Phase. This phase calls for active internal and external planning, information gathering, delineation of responsibilities, and plan exercises.
- ◇ Initial Response Phase. This phase will be implemented when there is confirmation of human-to-human transmission of a potential pandemic strain of influenza in the U.S. but not yet in Iowa.
- ◇ Limited Services Phase. This phase will be implemented when a case of pandemic flu strain has been detected among the University population or within the greater Iowa City community.
- ◇ Full Scale Services Phase. This phase will be implemented when daily requirements for screening/triage exceed the capacity of University Employee Health Care, Student Health Services, and other clinics; it will also be implemented when the capacity to care for patients exceeds operating bed capacities at UIHC, Mercy Hospital, and the Veterans' Administration Medical Center.

The plan identified a number of issues that need further attention, including policy determination of when and how the suspension of University activities might occur; how issues of personnel, research and academics will be addressed during a crisis; the procedures necessary to assign University assets to local, regional or state response; and the overall relationship of the University with other units of state government and their emergency plans and resources, including access to the Strategic National Stockpile of pharmaceuticals and other health supplies.

Periodic exercises will be conducted to test the operability of the plan. Exercises will be designed to identify gaps or conflicts in either internal or external preparedness or response activities. The plan, as well as lists of contact information and inventories of critical equipment and supplies, will be reviewed and updated as necessary, but not less than annually.

The Task Force Report is available on the Board of Regents' web site.