

Progress on NMDHB Pandemic Planning

We have sent our current draft of the NMDHB Pandemic Influenza Response Plan 2006 to the MoH this week, this was in response to their request to see draft DHB plans by the end of March. The plan is made up of an overarching section covering strategic issues and the high level operational component which links activities to phases in any pandemic.

These phases include:

Plan for It	Risk of pandemic influenza developing, plan for possibility
Keep it Out	Pandemic influenza in other countries, delay arrival in NZ
Stamp it Out	First few cases in NZ, delay spread throughout the country
Manage It	Widespread pandemic influenza
Recovery	After the pandemic

Different activities are appropriate at different phases e.g. border control early on, closure of schools and events in the next phases, along with assessment and treatment of people with influenza. If we can "flatten the pandemic curve" we delay the arrival of the pandemic in our region and slow up the impact on health services once it does arrive. This delay could help given the work on developing a pandemic influenza vaccine.

There are a number of appendices made up of specific draft plans for; Nelson and Wairau Hospitals, Primary Care, the Public Health Service, Communications and Human Resources. Work continues on all of these, as well as in areas such as the partnership with Civil Defence and Emergency Management (CDEM), issues for Maori in a pandemic, and critiquing our planning through risk analysis.

Modelling Pandemic Influenza

Modelling of the impact of a pandemic has been done to help planning, for example calculating the impact of a 40% illness rate for Nelson, Tasman and Marlborough. Also calculated have been likely impacts on Primary Care services, hospitals, and deaths. Modelling is dependent on making assumptions about the severity of any pandemic but it does give a range of possible impacts from less severe to very severe. We won't know how virulent any pandemic influenza virus will be until the pandemic starts

General Principles

There are a number of general principles underpinning the draft plan, these include;

- It is work in progress
- There will be several revisions over the next three months to incorporate feedback from consultation with key stakeholders across the health and community sector (e.g. GPs and Practice Nurses, DHB staff and departments, Local Authorities, Civil Defence and Emergency Management and other organisations that have a role in any pandemic response).
- The output of the multiple national workstreams is expected over the next few months and this needs to be factored into our plan. Examples include work on; border control, clinical guidelines, ethical issues etc.
- Most pandemic management will need to occur at home utilising family and neighbourhood support, using phone advice if needed. Visits to health facilities will only be recommended if absolutely necessary. Community self-reliance is being promoted.

General Principles cont.

- A well-informed community and health workforce is critical and we will use local systems to reinforce key national messages e.g. preparing for a pandemic, hand washing and drying, cough etiquette, staying home when sick.
- The maintenance of infrastructure services, food supplies, transport, security issues, welfare, and burials is critical to responding well to the pandemic. CDEM will be co-ordinating these aspects.
- Health services during the pandemic will be significantly different from current e.g. cancellation of elective surgery, establishment of streaming of influenza patients and non-influenza patients both in hospital and in primary care.
- Community Based Assessment Centres (CBACs) are likely to be established across the region to manage influenza patients in the community. Non-influenza patients will continue to be seen at General Practices.
- “Intermediate care” facilities may be established for those people with influenza who cannot support themselves at home, but are not eligible for hospital admission. Hospitals will only be able to take those more severely ill and this will obviously be linked to available beds and staff.
- There will be a range of support processes for staff directly involved with influenza patients including; provision of Personal Protective Equipment (PPE), and training updates.
- Anti-viral for treatment of influenza will be in accordance with national policy (awaited but it is anticipated that frontline staff will be a high priority). Remember prevention and management of influenza involves much more than anti-virals.
- An ethical framework will guide decision-making given issues such as; rationing, duty of care to patients versus duty of care to family, and community good actions (such as closures) versus individual freedom.

The draft plan is not being circulated at this time given it is changing week by week as we progress planning. If you have questions around pandemic influenza or pandemic planning please send them to pimtinfo@nmhs.govt.nz

This newsletter was originally prepared for the Pandemic Update Primary and Community Providers.

Hospital Advisory
Committee Meets:

Blenheim 1pm
11 April

Disability Support
Advisory Com-
mittee Meets:

Nelson 12noon
9 May

Community and
Public Health
Advisory Com-
mittee Meets:

Blenheim 1pm
16 May

District Health
Board Meets:

Nelson 10am
Wednesday
26 April

Information

Send questions about pandemic
influenza to: pimtinfo@nmhs.govt.nz
nz

Ministry of Health website:
www.moh.govt.nz/pandemicinfluenza

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