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TECHNICAL REPORT

Tabletop Exercises for Pandemic Influenza Preparedness in Local Public Health Agencies

David J. Dausey, Julia E. Aledort, Nicole Lurie

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1776 Main Street, P.O. Box 2138, Santa Monica, CA 90407-2138
1200 South Hayes Street, Arlington, VA 22202-5050
4570 Fifth Avenue, Suite 600, Pittsburgh, PA 15213
RAND URL: http://www.rand.org/
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Summary

A global pandemic influenza outbreak represents one of the most catastrophic threats to the U.S. public health system. In the 20th century, three major pandemics were caused by the emergence of several new influenza A virus subtypes that resulted in over 600,000 deaths in the United States (U.S. Centers for Disease Control and Prevention [CDC], 2005). New influenza A virus subtypes, similar to the ones that caused the pandemics of the 20th century, are likely to emerge in the 21st century as well. Medical advances and public health preparedness efforts have improved the nation's abilities to respond to a pandemic influenza emergency even as dramatic increases in global travel and the demand for poultry have made the United States more vulnerable to such threats.

In preparing for such a threat, public health agencies must work closely with a number of partners, including emergency management agencies, law enforcement agencies, elected officials, and, most important, healthcare agencies and providers. Despite the importance of these relationships, many public health agencies have been unable to find ways to facilitate their growth and development, which has led to a number of important gaps in the ability of these partners to respond to a pandemic influenza emergency in a coordinated way.

In 2004, the U.S. Department of Health and Human Services Office of the Assistant Secretary for Public Health Emergency Preparedness contracted with the RAND Corporation to develop and pilot-test a tabletop exercise that tested the relationships between local public health agencies and their local healthcare delivery and governmental partners in response to a pandemic flu emergency. This report represents the final exercise we developed from that project.

The tabletop exercise template provided in this report was designed to be customized by local partner agencies so that it would be representative of the local area being tested and to be flexible in the size, scale, and scope of the pandemic itself. The exercise was piloted and refined in collaboration with hundreds of public health, healthcare, and governmental officials in three separate local metropolitan areas in three different states from August to November 2005.

The exercise template builds on tabletop-exercise methodologies developed and refined by RAND in previous work (Dausey et al., 2005). The exercise is led by a facilitator who presents participants with chronological segments of a scenario separated by a series of discussion points that enable participants to describe how they would respond to the evolving scenario at isolated points in time. The exercise facilitator is aided by a note taker and a local resource person who is responsible for assisting or backing up the facilitator.

The exercise relies on a "forced decision-making" framework, which requires participants to make key decisions at each discussion point after they have had time to consider the scenario and the information provided to them at a specified point in

time. Participants are given 30 minutes to make one or two key decisions at each discussion point.

The exercise focuses on five broad issue areas:

- Surveillance and Epidemiology
- Command, Control, and Communications
- Risk Communication
- Surge Capacity
- Disease Prevention and Control.

The exercise has three sections:

- **Unfolding Situation--Decisions and Responses.** A new influenza A subtype has been spreading from person to person in countries in Southeast Asia and initially materializes in the United States in a location distant from the local jurisdiction of the exercise participants (e.g., in another, nonadjacent U.S. state). Participants are required to discuss the steps they would take to prepare for the disease before it spreads to their jurisdiction.
- **Later Developments--Decisions and Responses.** The disease spreads to the local jurisdiction of the participants. Participants are required to discuss everything from how they would initially detect the disease's presence in their community, to how they would mitigate the disease's effect on their community, to how they would manage, distribute, and administer a vaccine for the disease.
- **Debriefing and Self-Evaluation.** Participants reflect on the exercise experience and discuss strengths and areas for improvement. Participants are then asked to identify the three most important gaps that they identified and to outline concrete, short-term plans for beginning to address these gaps. Participants are encouraged to develop short- and long-term plans for all of the gaps identified.