

Some Suggested 'Acid Tests' for helping assess, stregthen local preparedness for moderate or severe pandemics

The idea of these acid tests is that those responsible for local services can use them to assess whether the can deliver what is expected of them in a crisis. They should be applied along with planning assumptions of 20-30% of staff being off sick for short periods (2 to 3 weeks) just when numbers of people seeking or requiring care increases considerably.

- 1. Can local services robustly and effectively deliver anti-virals to most of those that need them inside the time limit of 48 hours since start of symptoms?
- 2. Are there simple mechanisms for rapidly altering the indications for giving antivirals?
- 3. Do you have mechanisms for ensuring there are adequate supplies of anti-biotics and other essential medical supplies (infection control materials, injection devices etc) available or coming through if for a sustained period of increased need?
- 4. Have local primary and secondary care services identified what <u>non-influenza</u> core services they will sustain and what they will stop in the peak period?
- 5. Can local hospitals increase ventilatory support (intensive care) for influenza patients including attending to issues including staff training, equipment and supplies?

- 6. How would local funeral services deal with sustained increased demand over a prolonged period whilst still meeting reasonable family expectations including those of local faith groups?
- 7. Has business continuity planning been completed such that essential non-influenza related core health services have been identified and could be delivered with significant numbers of personnel being unavailable for work? Specifically
 - a. Social care for vulnerable groups
 - b. Supermarket supply and delivery at check-outs
 - c. Fuel supply
- 8. Has it been agreed how local clincial, laboratory public health, social care staff will be paid for the increased working (overtime) that will take place over a pandemic and the basis of this work? Is it as volunteers, under contract etc?
- 9. If the intention is to close schools proactively or reactively to reduce transmission how will children be cared for so that they do not simply mix outside school?
- 10. Again if the intention is to close schools have parents been informed and asked what alternative arrangements they will make?
- 11. Once a pandemic vaccine (a vaccine that works against the new virus it will not be ready for at least 4-6 months after the start of a pandemic) is available are there agreements made for deteriming who should receive the vaccine first?
- 12. Again when the pandemic vaccine becomes available are there arrangments made for its equitable and efficient delivery.

This list is not intended to be complete and ECDC welcomes both comments on the current tests and suggestions for new tests such as lessons learnt from exercises. Comments should be sent to influenza@ecdc.eu.int

ECDC Influenza Team February 2007