From Flock to Flu Pandemic: Key Takeaways from NYC Health + Hospitals’ HPAI Preparedness

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Funded by CHW under the GHP program

Results

The Three Modules

Module 1. Suspected case of HPAI presenting in a 56-year-old male patient entering an ED.
Module 2. Patient from Module 1 returns to the ED with worsened symptoms, tests positive for HPAI, and is admitted to the ICU. Additional situation of the patient’s wife and child presenting similar symptoms to the pediatric ED also was discussed.
Module 3. Number of confirmed cases increases in the city as contacts of the original patient have developed ILI and have begun to seek care at NYC H+H facilities.

The Three Objectives

Objective 1. Identify key triggers to support proactive systemwide escalation of HPAI outbreak response
Objective 2. Review processes to minimize transmission within healthcare facilities and prevent exposure to staff and patients
Objective 3. Discuss strategies to establish, maintain, and track communication with staff and situational awareness

Key Takeaways from the Tabletop Exercise

<table>
<thead>
<tr>
<th>Objective 1</th>
<th>Objective 2</th>
<th>Objective 3</th>
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<tbody>
<tr>
<td>Define the point at which screening procedures about exposure to poultry are activated and utilized by healthcare providers when assessing patients in triage</td>
<td>Adapt relevant COVID-19 strategies to protect staff for HPAI, such as educating the staff on risks when handling HPAI patients, stockpiling PPE, and implementing internal contact tracing</td>
<td>Establish clear rhetoric on how to describe HPAI infections and potential outbreaks within system-wide and public communications</td>
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<td>Ensure that the CDC definition of “exposure to poultry” is properly disseminated to healthcare staff and patients</td>
<td>If a patient screens positive for HPAI, establish a notification mechanism to inform healthcare workers to isolate the patient and don proper PPE for staff safety</td>
<td>Ensure call-trees, and each facility’s staff’s knowledge of these, are up-to-date for HPAI</td>
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<tr>
<td>If there is community spread of HPAI, escalate contact tracing efforts, activate systems to protect staff, and provide communication to the entire healthcare system about the potential for further cases</td>
<td>As the outbreak escalates, transition to a “no wait” waiting room model by utilizing telehealth methods, as done during the COVID-19 pandemic</td>
<td>Clearly define how many cases would trigger facility-wide or system-wide alert</td>
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Discussion

• After analyzing the recording of the tabletop exercise, we first drafted an After-Action Report (AAR) highlighting areas of strength and improvement
• We then designed an Incidence Response Guide (IRG) to HPAI, which will be disseminated across the H+H system and to its facilities

Conclusion

• Now, with the AAR and IRG that we’ve prepared, the SP team can continue with their 5-step preparedness plan against HPAI, including future site visits, secret shopper drills, and PPE training
• Ultimately, this can culminate in a Full Scale Exercise, similar to the Marburg Virus exercise that we participated in August (Information can be found)

Acknowledgements

We would like to thank Dr. Syra Madad, Priya Dhagat, Summer Williams, and the rest of the Emergency Management team. Due to their support, and the support of the GHP program, this internship was an amazing learning opportunity and an excellent experience!