

Strategies for Preparedness of Responding to Possible Pandemic of Novel Influenza in Taipei Metropolitan Area

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Abstract

Back in year 2003, Taipei Metropolitan Area fell into an eye of storm during the early stage of a devastating outbreak of Severe Acute Respiratory Syndrome (SARS) and resulted in heavy casualties. Luckily, Taipei City health authority managed to hold on its footings and wasted no time at all to actively engage itself in a systematic government administrative disease prevention program, developed and based on the concept of "process management highlighting moving-line controls," after the initial shockwave of SARS subsided, to get prepared before the possible return of the horrifying SARS hurricane. This particular program has four stages coded by 0, A, B, and C. Each stage sets a separate crisis-managing mode defined and based on an Incident Command System (ICS), and each of such disease control preparing mode is further divided into four successive steps including minimizing damage, preparation stage, coping with changes, and restoring the situation. The preparation stage was aimed at three main directions: 1. Surveillance strategy: Through all borders, communities and hospitals, set up an alarm system for early detection by linking up all cities' disease control system, asking three key questions at outpatient clinics for infection screening, close

Received: Dec 10, 2006; Accepted: Jan 15, 2007

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monitoring each main presenting complain and regularly checking for hospital infection control. 2. Surge capacity: based on risk-classified management to provide trainings such as disease control material logistics, allocation of hospital beds according to need, and human resources such as the formation of mobile disease control teams. 3. Rehearsals and trainings: we have had a total of 8 sessions of disease control rehearsals using the ICS framework. We also use this opportunity to testify Taipei City's coping strategy and modify its standard flow charts. According to plan, the coping strategies for the initial stage of Class A or Class B outbreaks include quarantine or isolation, and sealing off the infection site. Quarantine and isolation of contacts are carrying out steps by steps and the sealed off infection area is defined clearly so that preventative measures such as Tamiflu can be given to residents in that area and lastly, extending the distance between communities so that better disease control could be achieved. In the course of Class C epidemic, the responding strategy would be to appoint a designated infection-control hospital in each and every district of Taipei City, together with a large treatment house transformed from five schools to form an integrated medical team specialized in the management of Influenza. Setting up coping strategies at the level of primary medical system in the community will subsequently lead to the set up of triage stations and detention wards in the hospitals of affected region, and at the same time, launch a backup system with supports from institutions and organizations of remote areas. Due to the difference in geographic locations, population density, and local government policies in different regions of Taiwan, we do not expect our coping strategies for infection control would fit in everywhere. However, What we have applied on Taipei City is solely based on the instructions of the nation's health policies, targeting at specific characteristics of metropolitan area, to make sure that it has a

system readily prepared against the incidence and subsequent spread of influenza. By proper coordination, recruitment of manpower, and utilization of medical-care facilities efficiently, we can then be ready to meet this predictable holy war of disease prevention.