Additional file 5 Resource Model Parameters and Values The AsiaFluCap Simulator

Description	Chosen	Justification/notes (<u>all values</u> can be
	value	changed by users in the interface)
Proportion of total resource capacity	0.12	Proportion based on [1-3].
that is available for influenza		
outbreak control and management.		
Proportion of hospital beds that have	0.75	Arbitrary value. In our baseline scenarios
to be occupied by cases before high		we did not account for changes in
pandemic activity period starts.		resource use during the pandemic.
	0.15	10% absenteeism healthcare workers [4],
Proportion of health care workers not		30% health care staff illness with work
available due to absenteeism.		absences of up to 8 days [5], 40-70%
		absenteeism of health care staff [6].
Total number of hours of both day	16	We assumed a work day to be divided
shifts		into two day shifts and one night.
	8	We assumed a work day to be divided
Number of hours of night shift		into two day shifts and one night.
	10	During the pandemic peak we assumed a
Number of work hours per day		10 hour work day for health care workers
Number of work days per week	5	We assumed 5/7 days of work for health
		care workers during pandemic peak.
Average number of hours health care	7.1	H _{workday} *(N _{workdaysperweek} /7)
-		
over one week.		
Number of masks N-95 / N-99	1	10 N-95 respirators needed throughout
		hospital stay for non-ventilated
		hospitalised cases [7], mean 19.4 N95
		masks per patients in the first 6 hours [8].
L		
Factor indicating the number of	2	20 N-95 respirators needed throughout
-		hospital stay for ventilated hospitalised
		cases [7]
	5	30 surgical masks needed per patient
0 1	-	throughout hospital stay[7], 4,450
1 real for the former of the f		• • • • •
low / high pandemic activity period.		surgical masks needed (used by staff,
	 Proportion of total resource capacity that is available for influenza outbreak control and management. Proportion of hospital beds that have to be occupied by cases before high pandemic activity period starts. Proportion of health care workers not available due to absenteeism. Total number of hours of both day shifts Number of hours of night shift Number of work hours per day Number of work days per week Average number of hours health care workers are available per day seen 	valueProportion of total resource capacity that is available for influenza outbreak control and management.0.12Proportion of hospital beds that have to be occupied by cases before high pandemic activity period starts.0.75Proportion of health care workers not available due to absenteeism.0.15Proportion of hours of both day shifts16Number of hours of night shift10Number of work hours per day10Number of masks N-95 / N-991required per influenza case per day during low / high pandemic activity period.1Factor indicating the number of number of surgical masks required2Number of surgical masks required2

cases and WHO estimates are 2,436 [9],

Fventilatedsurgmask	Factor indicating the number of times more units are required per ventilated (ICU) case.	2 ¹ / ₃	80 surgical masks needed per patient throughout hospital stay [7].
Þ _{FaceshieldLOW} / Þ _{FaceshieldHIGH}	Number of face shields required per influenza case per day during low / high pandemic activity period.	1	Assumption based on [7, 9].
$F_{ventilatedfaceshield}$	Factor indicating the number of times more units are required per ventilated (ICU) case.	2	Assumption based on [7, 9].
₽ _{GlovespairLOW} / ₽ _{GlovespairHIGH}	Number of gloves (in pairs) required per influenza case per day during low / high pandemic activity period.	4	40 surgical gloves needed per patient throughout hospital stay [7], 8400 gloves (pairs) needed for 7 days for 29 cases and WHO estimates are 406 gloves (pairs) [9]. Mean 25.1 pairs of gloves per patient in the first 6 hours [8].
$F_{ventilatedgloves}$	Factor indicating the number of times more units are required per ventilated (ICU) case.	21/2	100 surgical gloves needed per ventilated patient throughout hospital stay [7].
₽ _{GownsLOW} / ₽ _{GownsHIGH}	Number of coverall gowns required per influenza case per day during low / high pandemic activity period.	3	Assumption based on [9]. Mean 22.1 gowns per patients in first 6 hours [8].
$F_{ventilatedgowns}$	Factor indicating the number of times more units are required per ventilated (ICU) case.	2	Assumption based on [9].
p _{vac}	Proportion of (susceptible) population that will be vaccinated	-	Value set to 0 for baseline scenario. Users can include vaccination in interface (and indicate whether only risk groups are vaccinated or the whole population).
N _{vaccinperperson}	Number of vaccines per person	-	For instance: 1 or 2 doses needed per person.
v	Vaccine efficacy	-	Proportion which can be varied between $0-1$.
Þ _{antivirals}	Courses (oseltamivir) per new influenza case (receiving antivirals)	1	One course defined as ten capsules (75 mg twice daily for five days) [10-14].

P _{antibioticsLOW} /	Antibiotics (grams) required per	0.420	Course is 500 mg twice daily for 5 days
$\mathbf{P}_{antibioticsHIGH}$	influenza case per day during low $\!/$		[15-17]. We assumed that cases only
	high pandemic activity period.		receive one course during their stay. An
			average hospital stay was assumed to be
			12 days for non-ventilated cases: 5000 mg
			/ 12 days.
F _{ventilatedAntibiotics}	Factor indicating the number of	¹² / ₁₃	Course is 500 mg twice daily for 5 days
	times more antibiotics are required		[15-17]. We assumed that all cases only
	per ventilated (ICU) case.		receive 1 course during their stay. As an
			average hospital stay was assumed to be
			13 days for ventilated cases, we used:
			non-ventilated depletion rate times (12
			days / 13 days).
<i>p</i> _{Nonventilated} Antibiotics	Proportion non-ventilated	0.74	74% of normal hospitalised cases required
	hospitalised cases requiring		antibiotics [15].
	antibiotics.		
<i>pVentilatedAntibiotics</i>	Proportion ventilated hospitalised	0.95	95% of ICU cases required antibiotics
	cases requiring antibiotics.		[15].
P _{IVfluidsLOW} /	IV fluids (liters) required per	2.5	Assumption based on: hospital standard
₱ _{<i>IVfluidsHIGH</i>}	influenza case per day during low /		IV fluid regime 2.5 L/25 h) [18].
	high pandemic activity period.		
F _{ventilatedIVfluids}	Factor indicating the number of	1	Assumption based on: hospital standard
	times more antibiotics are required		IV fluid regime 2.5 L/25 h) [18].
	per ventilated (ICU) case.		
<i>p</i> _{NonventilatedIVfluids}	Proportion of non-ventilated cases	1	We assumed that all hospitalised cases
	receiving IV Fluids.		received IV fluids (these proportions can
			be changed in the interface).
<i>PVentilatedIVfluids</i>	Proportion of ventilated cases	1	
	receiving IV Fluids.		
R _{DayNonVentMDphysicians}	Ratio medical doctors /	1:10	One physician can take care for 10 cases
	physicians : non-ventilated		during day shift [2, 7].
	hospitalised cases, day shift		

$R_{\rm NightNonVentMDphysicians}$	Ratio medical doctors / physicians : non-ventilated hospitalised cases, night shift.	1 : 40	One physician can take care for 40 cases during night shift [2, 7]
$R_{\text{DayVentMDphysicians}}$	Ratio medical doctors/ physician : ventilated hospitalised cases, day shift.	1:4	Assumed based on [2, 7].
$R_{\rm NightVentMDphysicians}$	Ratio medical doctors/ physicians : ventilated hospitalised cases, night shift.	1:4	Assumed based on [2, 7].
<i>pcasesvisitingGP</i>	Proportion of cases outside the hospital requiring a General Practitioners / Primary Care Physicians	0.08	Cumulative attack rate for GP consultants of 8.26% during H1N1 pandemic [19].
$\mathbf{H}_{hoursGPneededpercase}$	Average duration of one consultation (in hours)	0.25	We assumed that one consultation takes 15 min (minutes/60). One mild case or outpatient was assumed to require one consultation during his/her days of illness.
R _{DayNonVentInternalMS}	Ratio internal medicine specialist: non-ventilated hospitalised cases, day shift	1 : 100	Assumptions for the AsiaFluCap model, based on [9]. Values can be changed in the interface.
$\mathbf{R}_{NightNonVentInternalMS}$	Ratio internal medicine specialist: non-ventilated hospitalised cases, night shift	1:200	
$R_{DayVentInternalMS}$	Ratio internal medicine specialist : ventilated hospitalised cases, day shift	1 : 50	
$R_{NightVentInternalMS}$	Ratio internal medicine specialist : ventilated hospitalised cases, night shift	1 : 100	
R _{DayNonVentOtherDoctors}	Ratio other doctors (e.g. surgeons, pediatricians, obstetricians, etc.): non-ventilated hospitalised cases, day shift	1 : 15	Assumptions for the AsiaFluCap model, based on [9]. Values can be changed in the interface.

$R_{NightNonVentOtherDoctors}$	Ratio other doctors : non-ventilated hospitalised cases, night shift	1:40	
$R_{DayVentOtherDoctors}$	Ratio other doctors : ventilated hospitalised cases, day shift	1:10	
$R_{NightVentOtherDoctors}$	Ratio other doctors: ventilated hospitalised cases, night shift	1 : 20	
R _{DayNonVentOtherNurses}	Ratio nurses : non-ventilated hospitalised cases, day shift	1:5	Assumption based on [7, 9].
$R_{NightNonVentOtherNurses}$	Ratio nurses : non-ventilated hospitalised cases, night shift	1:10	Assumption based on [7, 9].
$R_{DayVentOtherNurses}$	Ratio nurses : ventilated hospitalised cases, day shift	1:1	Assumption based on [7, 9].
R _{NightVentOtherNurses}	Ratio nurses : ventilated hospitalised cases, night shift	1:2	Assumption based on [7, 9].
$\mathbf{H}_{pharmacistpercase}$	Number of hours a pharmacists need per influenza case.	20/60	For preparing AV courses, and checking drug supplies in hospital (every morning and afternoon)[9]. We assumed that a pharmacist would require 20 minutes in total for one influenza case.
R _{LaboratoryTCases}	Ratio laboratory technicians: influenza cases.	1:30	This ratio implicates the number of cases which one laboratory technician can process (virus isolation, etc.) during one work day. Note that processing/testing clinical specimens takes > 1 day [20].
R _{PublicHealthPCases}	Ratio Public Health Personnel : influenza cases	1:50	This ratio implicates the number of cases one staff member can process during one work day.
R _{VolunteersCases}	Ratio volunteers : influenza cases	1:5	We assumed that volunteers can substitute nurses in case needed.
R _{AdminStaffCases}	Ratio administrative staff (hospital) : influenza cases.	1:25	We assumed that per certain number of cases one administrative staff member is required in the hospital (for instance per ward) [9].

H _{AmbulanceCase}	Total duration (in hours) of transport	2	Average mission duration per patient is
	per influenza case.		two hours [21].
Pcasesambulances	Proportion of all hospitalised cases	0.15	Around 10% of all hospitalised influenza
	that requires ambulance.		cases required transport, to the hospital or
			to other advanced health care facilities
			[22, 23], 83% of all hospitalised cases
			uses one [24].
H _{OthertransportCase}	Total duration (in hours) of transport	2	Average mission duration per patient is
	per influenza case.	2	two hours [21].
<i>pcasesOthertransport</i>	Proportion of all hospitalised	0.05	Assumption based on: around 10% of all
	cases that requires other		hospitalised influenza cases required
	transport vehicles.		transport, to the hospital or to other
			advanced health care facilities [22, 23].
H _{XrayCase}	Total duration of one x-ray scan	30 / 60	We assumed that one x-ray takes 30
	(in hours)		minutes.
p _{XrayCase}	Proportion of all ventilated	0.2	We assumed that only a proportion of all
	hospitalised cases undertaking an x-		ventilated cases undertook an x-ray.
	ray.		Assumption based on: one patient
			required a portable chest x-ray [9], 50%
			of cases in nursing home residents had x-
			ray taken [25].

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