

(Name of LHD)
Pandemic Influenza Response Plan
Supplement to the all hazards Public Health Emergency Response Plan

I. Pandemic Influenza definition and the World Health Organization (WHO) pandemic phases:

A pandemic is a global disease outbreak. A flu pandemic occurs when a new influenza virus emerges for which people have little or no immunity and for which there is no vaccine. The disease spreads easily person-to-person, causes serious illness, and can sweep across the country and around the world in very short time.

WHO pandemic phases:

Interpandemic Period

Phase 1. No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low

Phase 2. No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.

Pandemic Alert Period

Phase 3. Human infection(s) with a new subtype but no human-to-human spread or at most rare instances of spread to a close contact

Phase 4. Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans

Phase 5. Larger cluster(s) but human-to-human spread is still localized, suggesting that the virus is becoming increasingly better adapted to humans but may not yet be fully transmissible (substantial pandemic risk).

Pandemic Period

Phase 6. Pandemic phase: increased and sustained transmission in the general population.

Postpandemic Period

Return to the Interpandemic Period (Phase 1).

II. Community Preparedness Leadership and Networking

Establish a local Pandemic Preparedness Coordinating Committee by utilizing an existing group involved in preparedness as possible. Assure that all sectors of the community are represented (i.e. law enforcement, large and small businesses, schools, morticians, veterinarians, etc.). Describe the membership composition of your committee, frequency of meetings and how your Department's Board of Health will be involved.

Use this group to help determine the following and describe the outcome:

A. Essential Services

The jurisdiction's essential services and the businesses, medical providers, responders and others who provide these. Determine the positions, number of people and contact information of those who are priority to receive vaccine or prophylactics to allow infrastructure and medical services to continue.

B. Mutual Aid and Memorandums of Understanding

Identify agreements with neighboring jurisdictions for goods and services that may be needed to address communication, hospital surge needs, mass fatalities, and other public health cross-jurisdictional needs and mutual aid. Note that in some cases agreements crossing state lines may need to be verbal agreements versus written agreements.

C. Demographics

A demographic profile of the jurisdiction that addresses how response activities will reach special needs populations (i.e. minority populations, homebound individuals), how the language barrier will be addressed and how confined persons in nursing homes, jails, behavioral health facilities, etc. will access information and services. Be prepared to provide population age breakdown to assist NHHSS allocate vaccine and or prophylactics depending on the situation. A web site that may assist with http://factfinder.census.gov/home/saff/main.html?_lang=en this is: http://factfinder.census.gov/home/saff/main.html?_lang=en

D. Behavioral Health

How psychosocial support services will be provided to the community, responders and staff during a pandemic response.

E. Response Activation

Who has authority to activate the different phases of the Pandemic Flu response plan in the community/ jurisdiction, and how the community responds if the Pandemic Flu Response Plan is activated in surrounding counties, the state, or the nation.

F. Response Communication

The priority channels of communication that delineates the network of who is notified of activation at the different phases of a pandemic response. Identify the point person for epidemiology and surveillance activities within a county or jurisdiction (24/7 contact info). Identify contacts and build relationships with healthcare institutions staff to allow transfer of information to and from the public health department and the institutions.

G. Risk Communication

Who the local spokesperson(s) will be to keep the public informed and how this will be done.

H. Legal Authorities

The legal authorities and processes for response activities; i.e. mass fatalities, quarantine/isolation, restricting or banning public gatherings (“increasing social distance”), closing schools, etc.

I. Volunteers

Determine the jurisdiction’s medical and lay volunteer resources, and address in what capacities volunteers will work (i.e. how lay volunteers will be trained to assist with medical or nursing care; will hospitals provide emergency privileges for volunteer healthcare providers?) Determine the need for healthcare surge capacity in your area (work with hospitals in your area to identify surge capacity and out of hospital options if hospital surge capacity is surpassed)

J. Mass Fatality Response

Describe if your emergency managers have a mass fatality response plan and public health’s role in that response. If a comprehensive plan does not exist identify how your department will work to make this happen.

I. Continuity of Operations

Identifies core functions, personnel and skills that will be needed during a pandemic and how your Department will manage and plan for absences by key personnel and loss of critical infrastructure such as phone service, garbage collection, etc.

III. Response Activities – List activities for each of the Pandemic Phases

The descriptions here are meant to be brief with full descriptions in your all hazards Public Health Emergency Response Plan. The outcome of committee (described above) discussions may update your all hazards plan and or may result in specific pandemic response which would be described in this supplement.

Your activities for each of these components maybe the same or may be different for each period, particularly for the Pandemic Period. For each component below you will see print in regular or italic font. The regular font provides an example of how you could word your response, the italics suggests where you would look to form a response for that component.

A. Interpandemic Period – Phases I & II

1. Command and Control – *Identify who has authority or oversight for this Interpandemic Period and the staff/volunteers who will be active during this period – see Chapter III and X of your overall response plan. For example, the Interpandemic period may involve only the Department’s Infectious Disease Specialist and ERC who are responsible for surveillance/epi and emergency response preparations with oversight provided by the Director.*
2. Surveillance – *Refer to Chapter II of your overall response plan. Be sure the surveillance section is updated to current activities and identifies contacts and interactions with NHHSS, hospitals, clinics, labs, etc.*
3. Vaccine/Pharmaceutical Delivery – *Plans in place for targeted and mass clinic dispensing.*
4. Emergency Response – *supplies and equipment available and coordination with other responders established. Quarantine and isolation procedures established and described within overall response plan.*
5. Communications – *refer to Chapter IV. Risk Communications of overall response plan. Update as needed.*
6. Continuity of Operations – *During this period if not already established then develop a plan that identifies core functions, personnel and skills that will be needed during a pandemic and describes how your Department will manage and plan for absences by key personnel and loss of critical infrastructure such as phone service, garbage collection, etc.*

B. Pandemic Alert Period

Phases III, IV and V (No or limited person-to-person transmission)

1. Command and Control – *Identify staff/volunteers who will be active during this period and who will provide oversight– refer to Chapter III and X of your overall response plan.*
2. Surveillance - *Refer to Chapter II of your overall response plan. Be sure the surveillance section is updated to current activities and identifies contacts and interactions with NHHSS, hospitals, clinics, labs, etc. Identify any special activities that would occur during a Pandemic Alert period.*

3. Vaccine/Pharmaceutical Delivery – Plans in place for targeted and mass clinic dispensing.
4. Emergency Response - supplies and equipment available and coordination with other responders established. Quarantine and isolation procedures established and described within overall response plan.
5. Communications – *need to identify the frequency of updates to whom and other interactions that will occur. Refer to Chapter IV. Risk Communications of overall response plan. Update as needed.*
6. Continuity of Operations – *During this period if not already established then develop a plan that identifies core functions, personnel and skills that will be needed during a pandemic and describes how your Department will manage and plan for absences by key personnel and loss of critical infrastructure such as phone service, garbage collection, etc.*

C. Pandemic Period

Phase VI (increased and sustained person-to-person transmission in general population – no cases in U.S.)

1. Command and Control – *Reference to your incident command organization chart would be helpful to identify initial public health responders. See Chapters III and X of overall response plan.*
2. Surveillance and Epidemiology – *refer to Chapter II of your overall response plan and identify additional activities that will be put into place specific to the Pandemic period.*
3. Vaccine/Pharmaceutical Delivery – Dispensing plan reviewed, staff and volunteers on alert, availability of facilities and transportation confirmed.
4. Emergency Response – Responders on alert and meet for situation update. LECC facility checked and made ready, staff reminded of infectious disease control measures and increased cleaning schedules.
5. Communications – Activate risk communication plan, see Chapter IV of overall response plan. Make use of attachments within this supplement, e.g. news releases, web page enhancement plans, phone response protocols, etc. specific to this phase of an pandemic flu.
6. Continuity of Operations - *During this period if not already established then develop a plan that identifies core functions, personnel and skills that will be needed during a pandemic and describes how your Department will manage and plan for absences by key personnel and loss of critical infrastructure such as phone service, garbage collection, etc..*

Phase VI (increased and sustained person-to-person transmission in general population – cases in U.S.)

1. Command and Control – *Reference to your incident command organization chart would be helpful here identifying initial public health responders. See Chapters III and X of overall response plan.*
2. Surveillance and Epidemiology – *refer to Chapter II of your overall response plan and identify additional activities that will be put into place specific to this pandemic flu phase.*

3. Vaccine/Pharmaceutical Delivery – Dispensing plan reviewed, staff and volunteers on alert, availability of facilities and transportation confirmed. Activation determined in collaboration with NHHSS.
4. Emergency Response – LECC active and notifications made to other responders.
5. Communications – Activate risk communication plan, see Chapter IV of overall response plan. Complete attachments within this supplement with current information, e.g. news releases, web page enhancement plans, phone response protocols, etc. specific to this phase of an pandemic flu.
6. Continuity of Operations - Activate Continuity of Operations plan as needed.

D. Postpandemic Period

Return to the Interpandemic Period (Phase 1)

V. Exercises

Describe the type and frequency of exercises and how they will be used to test activities that will be part of a pandemic flu response. Exercises need to include community partners such as health care institutions, emergency management, law enforcement, the media, businesses, schools, morticians etc.

VI. Resources

HHS Pandemic Influenza Plan, U. S. Department of Health & Human Services, November 2005

Nebraska Pandemic Influenza Prevention and Control Guidelines, Nebraska Department of Health and Human Services System, November 2005

www.pandemicflu.gov

VII. Attachments – *list your attachments below – examples:*

1. Morbidity and Mortality Projections for Jurisdiction
Web sites that may be helpful: <http://www.cdc.gov/flu/flusurge.htm>
and <http://factfinder.census.gov/home/saff/main.html?lang=en>
2. Draft news releases
3. Information line (phone) response protocols
4. Website pandemic flu enhancements for each period
5. *Others as you determine helpful*