

Pandemic Influenza Plan

Cochise County Health Department

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Introduction:

Influenza viruses have the ability to cause sudden, widespread illness in all age groups on a global scale. Because influenza is highly transmissible, is prone to rapid genetic changes, and is harbored in animal reservoirs, it poses an unpredictable pandemic threat. A pandemic occurs when an influenza A virus undergoes a shift in one or both of its surface proteins to create a new or "novel" virus to which the general population has no immunity. The initial appearance of a novel virus that is easily spread in humans is the first step toward a pandemic. The current trivalent vaccine would have no effect on the new strain of influenza and a specific monovalent vaccine could take several months to be prepared. Therefore public health departments need to develop a strategy to prepare for and reduce the effects of an influenza pandemic on a local level. This plan defines the various stages of a flu pandemic and outlines a tier of responses that can be used to mitigate the outbreak.

Phases of a Pandemic:

- ✚ Phase 0, Preparedness Level 0-every year there are several strains of influenza circulating, these are previously identified strains which are similar to other recently circulating strains, and are usually covered by that year's vaccine.
- ✚ Phase 0, Preparedness Level 1-isolated reports of novel viruses are investigated and monitored for signs of spreading.
- ✚ Phase 0, Preparedness Level 2-an alert of a novel virus is issued when two or more human cases are confirmed to be infected, but transmissibility is not yet known.
- ✚ Phase 0, Preparedness Level 3-human transmission of a novel virus is confirmed and at least one outbreak lasting over a two week period has occurred.
- ✚ Phase 1-the onset of a pandemic is imminent due to the virus's ability to spread efficiently from person to person, there are several outbreaks in multiple countries and the disease pattern indicates significant morbidity and mortality.
- ✚ Phase 2-a full pandemic is in progress with regional and multi-regional epidemics occurring, communities are faced with very serious public health issues as well as social and economic problems.
- ✚ Phase 3-the first wave of the pandemic is waning locally although other countries or regions may just start to be effected, this period can be used to gear up for the second wave.
- ✚ Phase 4-the second and possibly subsequent waves visit already impacted areas, possibly up to several months later.
- ✚ Phase 5-the end of the pandemic has been reached when there are no more distinct waves of influenza illnesses, this could take as long as two years after Phase 1 and then the state of influenza outbreaks goes back to 0.

Partners, Stakeholders, and Participating Agencies:

Centers for Disease Control
Arizona Department of Health Services
All five local Hospitals
Media Agencies
Local Emergency Services
The Red Cross
Local Law Enforcement
Surrounding Counties
Binational Partners
Local Schools
State Laboratory
Arizona Department of Emergency Management
Suppliers
FEMA

Public Health Response:

Based on the phase of the influenza pandemic, local public health departments need to respond in a tiered plan of action. Specific responses are driven by preparation for the next progression of the pandemic and the changing epidemiology of the novel virus. These responses are addressed in order below. The impact of the pandemic is measured not only in morbidity and mortality but also in the overall effect the disease has on a population. A Pandemic Influenza organizational chart, which includes a listing of the five county clinics, follows and can be used as a template if pandemic flu is imminent.

Tiered Response Levels for Public Health:

- Phase 0, Level 0: Update and maintain internal and outside agency contact lists. Identify partners, stakeholders, resources, and possible alternate emergency clinic facility locations in each of the five major county communities. Review and exercise plans using annual influenza vaccination clinics to identify deficiencies.
- Phase 0, Levels 1 & 2: A novel virus has been identified and an outbreak is possible. Meet with partners (see above list). Modify and update surveillance practices to reflect any increased respiratory disease reporting and implement disease data management protocols. Review communication and community education plans and prepare for public information releases.
- Phase 0, Level 3: Monitor CDC and State directives. Enhance surveillance by tracking flu-like illnesses within the county and obtaining reports of positive influenza screens from clinics and hospitals. Begin to document expenses, identify community specific issues like winter visitors, special populations, and undocumented immigrants. Prepare for ways and means of reaching out to these special populations.
- Phase 1: Initiate Public Health Emergency Operations Plan in accordance with the Incident Command System for Public Health, assign positions and job responsibilities according to accompanying organizational chart and Incident Command Structure. Hold an all-staff meeting, begin calling volunteers and designating tasks, procure vaccine and antiviral medications. Begin active

- surveillance, implement a public education and information program, and insure media cooperation. Prepare for the main health department office site in Bisbee to act as the receiving and dispensing site for all supplies.
- Phase 2: Open health department Emergency Operations Center using the Incident Command Structure. (ICS for Influenza is on the following page) Begin receiving, documenting, and allocating supplies to all clinic sites. Open vaccination and antiviral dispensing clinics according to the Mass Vaccination Plan, assemble other health department employees and assign tasks as needed. Remain in constant communication and cooperation with all outside agencies, the State Health Department, and all stakeholders. Call in additional help as needed and plan for relief staffing. Coordinate with law enforcement for crowd control if necessary. Order additional vaccine and antiviral medications to restock supplies. Arrange for transportation to and from clinics if necessary. Call for additional volunteers to relieve current staff.
 - Phase 3: As the first wave diminishes, prepare for additional outbreaks, restock supplies, hold a hot wash, and address deficiencies of actions from first two phases. Use this hiatus to regroup, repair, and rest.
 - Phase 4: Gear up for a second or subsequent waves. Reassign ICS positions and job duties, reopen dispensing clinics if closed and arrange for additional supplies, volunteers, and staff. Update all partners and address or repeat all tasks accomplished in phase 2.
 - Phase 5: The pandemic has moved out of Cochise County and declared over. Disassemble Emergency Operations Center, close and demobilize clinics, do After Action Report, account for finances and client tracking. Meet with all involved parties to discuss strengths and weaknesses of pandemic influenza plan. The status of influenza within the community returns to phase 0.

Incident Command System for Pandemic Influenza Response:

The ICS structure itself can be used for any type of emergency mitigation. The following ICS template can be used for a public health response to disease outbreak, specifically pandemic influenza, and job duties are modulated on anticipated activities but should be kept fluid enough to deal with the unexpected problems. Specific command decisions must be made as the event unfolds and therefore this structure is simply provided as a guideline. For Cochise County staff to fill the positions, please refer to the RRT organization chart and call down list.

Incident Commander:

The Incident Commander is the person in charge of the entire event and it is their responsibility to make all the command decisions. They initiate ICS when they take command and appoint the command staff as well as the section chiefs and open the EOC. The commander then draws up a plan of action which is event dependant but may include any or all of the following.

- Specimen collection and transportation
- Changing surveillance from passive to active
- Initiating education and press releases

- Notification of other agencies
- Identifying high risk groups
- Obtaining and following federal guidelines
- Starting phone bank and data collection center
- Implementing security measures
- Documenting financial expenditures
- Calling for outside help
- Implementing disease control measures

Safety Officer, Public Information Officer, and Liaison:

These positions comprise the command staff and are permanently assigned positions within the County. During an influenza outbreak however their job duties and obligations will be solely focused on the pandemic event.

Operations:

The Operations Chief, in this situation a medical expert, will be in charge of the main dispensing center and in control of all the outlying clinics. A site supervisor nurse may be assigned to each of the ancillary clinics but must report back to and be responsible to the Operations Chief. The Chief will hold regular meetings to keep their staff informed as the event progresses. The operations duties may include, but not be limited to, the following.

- Staffing and stocking the clinics
- Designating size and location of clinics
- Vaccine allocation
- Antiviral drug dispensement
- Tracking/Data control of clinic patients
- Monitoring surveillance
- Initiation of call centers or phone banks
- Arranging press room
- Designating clinic storage areas

Planning:

The Planning Chief will determine all the resources needed for the duration of the EOC and is responsible for all planning phases of an influenza pandemic especially the early preparation phases. This position is also responsible for preparing the incident action plan which shall be in place prior to the next phase of the pandemic. Planning is responsible for the following.

- Determining resources needed
- Gathering and analyzing data
- Preparing an organizational chart
- Outbreak response
- An influenza prevention campaign
- Data dissemination
- Obtaining funding

Logistics:

The Logistics Chief is responsible for the support and service aspect of the EOC. It is their job to insure that the needs of the members of the team are met and supplies are adequate for operations. The staff is dependant upon the Logistics Chief for all support and necessities including food, clothing, and personal matters. This section is the support for the team itself, including but not limited to the following.

- Resources and supplies
- Vaccine and antiviral drug procurement
- Management of facilities
- Maintenance of equipment
- Home care for families of team members

Administration:

The Chief of Administration is mainly responsible for the financial management aspect of the operation. They are the record keepers who are charged with documentation for cost recovery, often times a very necessary task to insure federal reimbursement. Some aspects of administration would include the following.

- Authorization of expenditures
- Record keeping (injury, death, damages included)
- Contracts for supplies, medical and otherwise
- Legal circumstances

Each chief is responsible for assembling a team to meet the needs of the section. All sections may not be running at the same time but on an as needed basis. This is a fluid and malleable system that is based on event dictated flexibility.

Auxiliary Cochise County Health Department Plans:

Emergency Operations Plan
Strategic National Stockpile Plan
Rapid Response Team Organizational Chart
Mass Vaccination Plan
Post Vaccination Plans

Disease Tracking Systems:

SIREN
Medsis
EWIDS
BIDS