



# Implementing the National Strategy for Pandemic Influenza

**Francis Schmitz**  
**Crisis Management Coordinator**  
**Counterterrorism Section**  
**U. S. Department of Justice**  
**September 6, 2006**

THE FOLLOWING IS AN  
EXERCISE SCENARIO:

# *Emergence of a Pandemic Virus; Confirmed Cases in Asia*

## **December 4 First signs of outbreak**

- Thailand confirms an outbreak of severe respiratory illness in a village 30 kilometers from Bangkok.

## **December 8 Confirmation**

- CDC confirms the presence of H5N1 influenza from specimens collected at the Thai village.

## **December 9 Initial international reaction**

- WHO raises the pandemic phase to the highest alert level (Phase 5)
  - Warns that a global pandemic is likely.
- Desire for antivirals cause unrest in Thailand.
- Financial markets around the world reflect deep concerns.

- *And three months later*

# *Pandemic in the United States*

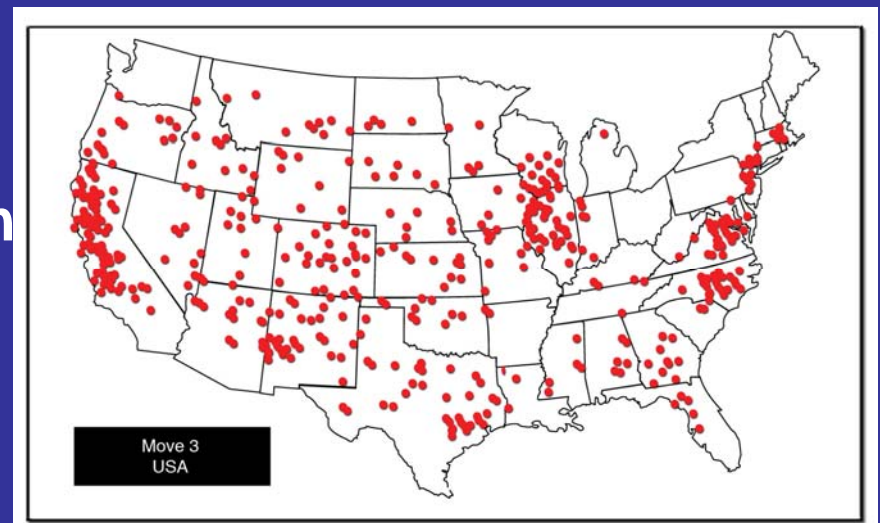
## **March 8 State and local responses conflicted and varied**

- Staff shortages in medical, police, fire and transportation.
- Governors call for National Guard, Federal assistance.

## **March 15 Terror and uncertainty grip millions in US**

- Public order reported broken down in several cities
- Acute manpower shortages in all federal departments.

**Reported as of: 15 March 2006**  
**Worldwide Cases: 537 million**  
**Worldwide Deaths: 21.4 million**  
**U.S. Cases: 4,826,294**  
**U.S. Deaths: 96,064**



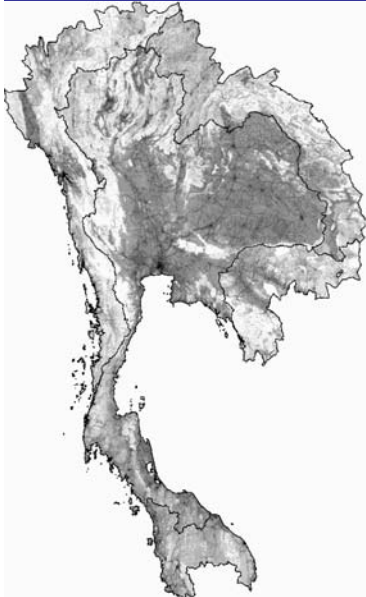
# Federal Government Goals

1. Stop, slow, or otherwise limit the spread of a pandemic to the United States
2. Limit the domestic spread of a pandemic, and mitigate disease, suffering, and death
3. Sustain infrastructure and mitigate impact to the economy and the functioning of society

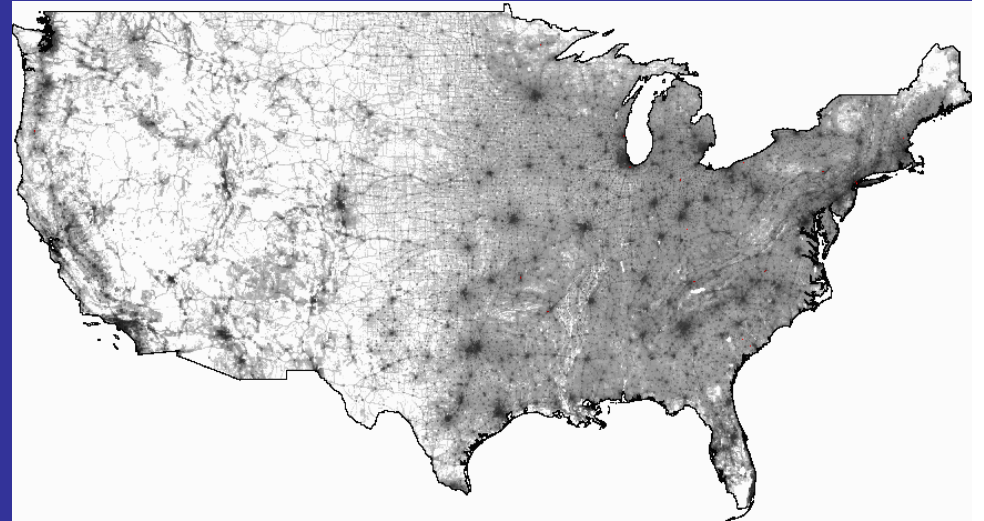
# We Want to Minimize Death and Suffering in a Pandemic

- Closing schools
- Keeping kids and teens at home
- Social distancing at work and in the community
- Isolating ill individuals and voluntary home quarantine of household contacts
- Treating the ill and providing targeted antiviral prophylaxis to household contacts
- Implementing measures in a uniform way as early as possible during community outbreaks

# Containment May Be Possible



Without intervention, expect international spread in 1 month and U.S. cases in 1 to 2 months.

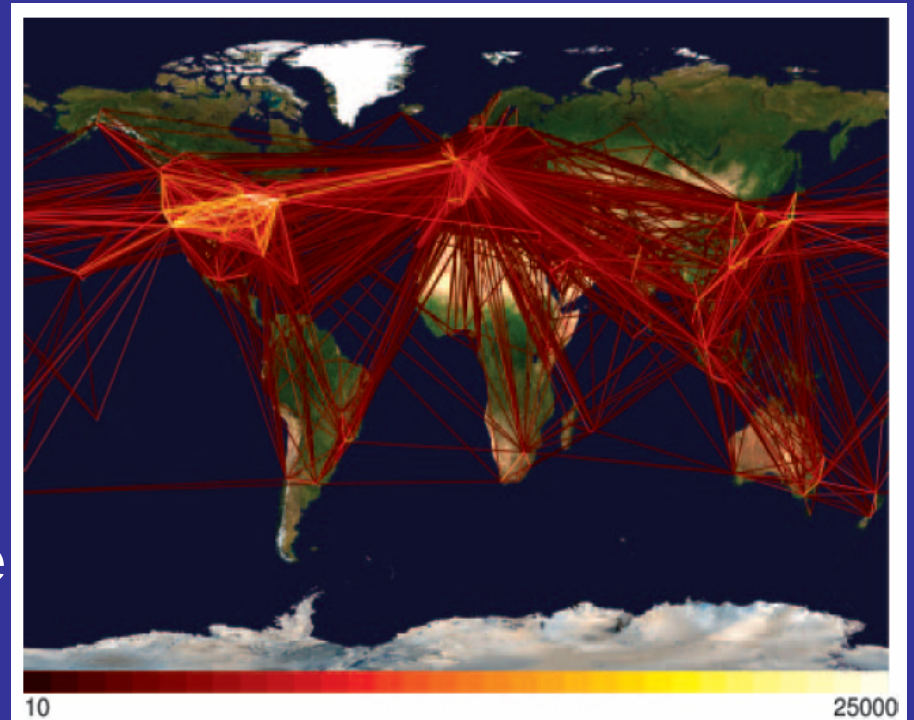


- Failed containment may still delay international spread by 1 month
- Severe travel restrictions may delay U.S. cases by 1-4 weeks
- *Border screening difficult because persons may transmit infection before they develop illness*



# Implications of Influenza Natural History

- Disease may be spread by asymptotically infected persons.
- Given 2 days from infection until illness, most asymptomatic infected people who get on an airplane still will be asymptomatic when they get off.



# Potential Tools in Our Toolbox

- Our best countermeasure – vaccine – will probably be unavailable during the first wave of a pandemic. (*The current process starts in January each year and vaccinations start in the fall.*)
- The supply of antiviral medications is limited
- Infection control and social distancing measures

# Infection Control / Social Distancing Measures

- Transmission Interventions (Infection Control)
  - Facemasks
  - Cough etiquette
  - Hand hygiene
  - Isolation of ill individuals
  - Quarantine of contacts
- Contact Interventions (Social Distancing)
  - School closure
  - Cancellation of mass gatherings
  - Alternatives to face-to-face contact at work

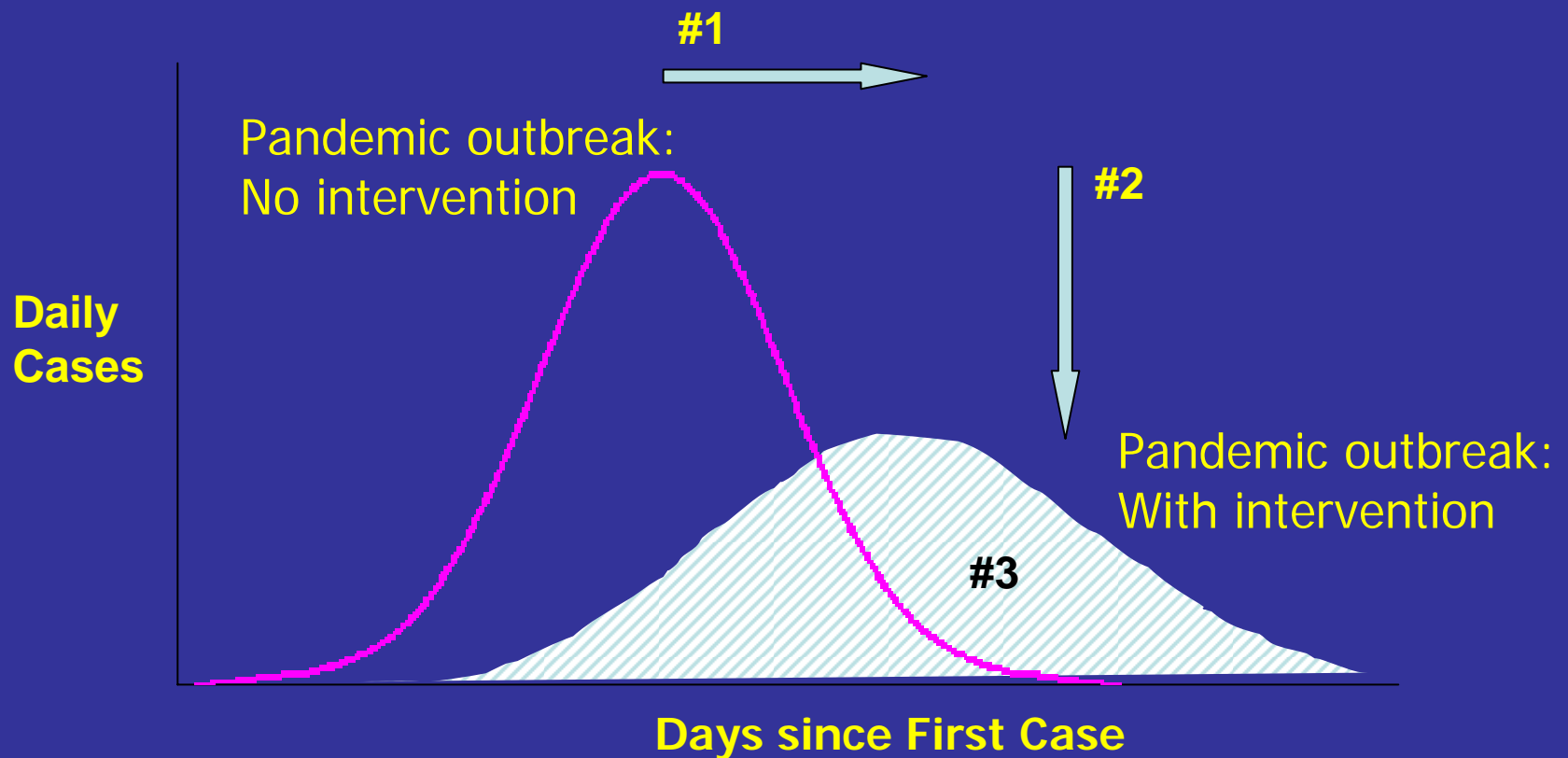
# 1918 Outcomes by City

| City          | First Cases        | Death Rate |
|---------------|--------------------|------------|
| Boston        | 8/27/18            | 5.7        |
| Philadelphia  | By 9/11/18         | 7.4        |
| New Haven     | Week of 9/11/18    | 5.1        |
| Chicago       | 9/11/18            | 3.5        |
| New York      | Before 9/15/18     | 4.1        |
| Pittsburgh    | Mid-9/18           | 6.3        |
| Baltimore     | 9/17/18            | 6.4        |
| San Francisco | 9/24/18            | 4.7        |
| Los Angeles   | "Last days 9/18"   | 3.3        |
| Milwaukee     | 9/26/18            | 1.8        |
| Minneapolis   | 9/27/18            | 1.8        |
| St. Louis     | Before 10/3/18     | 2.2        |
| Toledo        | "First week 10/18" | 2.0        |

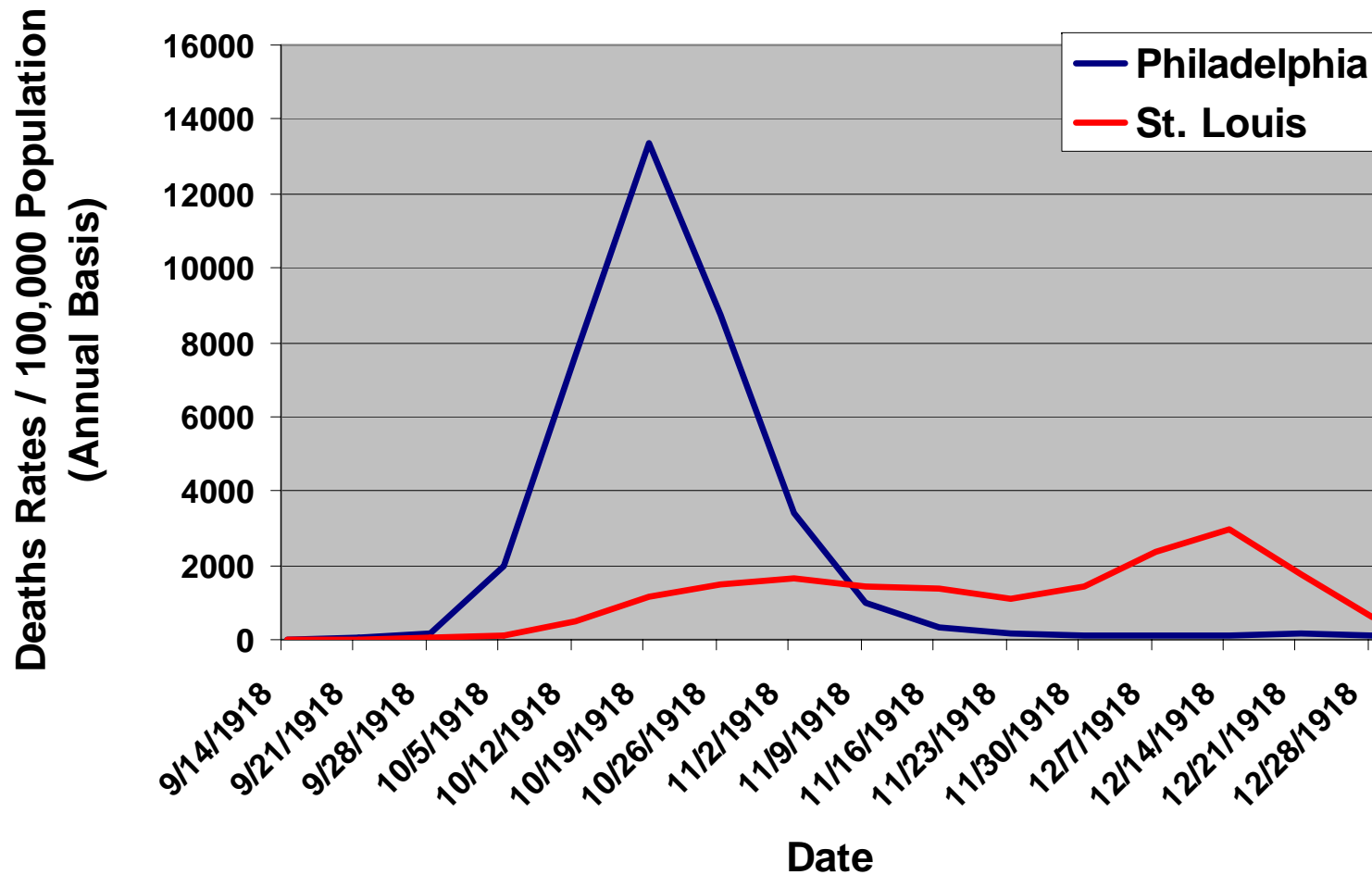
Death rate from influenza and pneumonia / 1000 population: "Causes of Geographical Variation in the Influenza Epidemic of 1918 in the Cities of the United States," *Bulletin of the National Research Council*, July, 1923, p.29.

# The Wave

1. Delay disease transmission and outbreak peak
2. Decompress peak burden on healthcare infrastructure
3. Diminish overall cases and health impacts

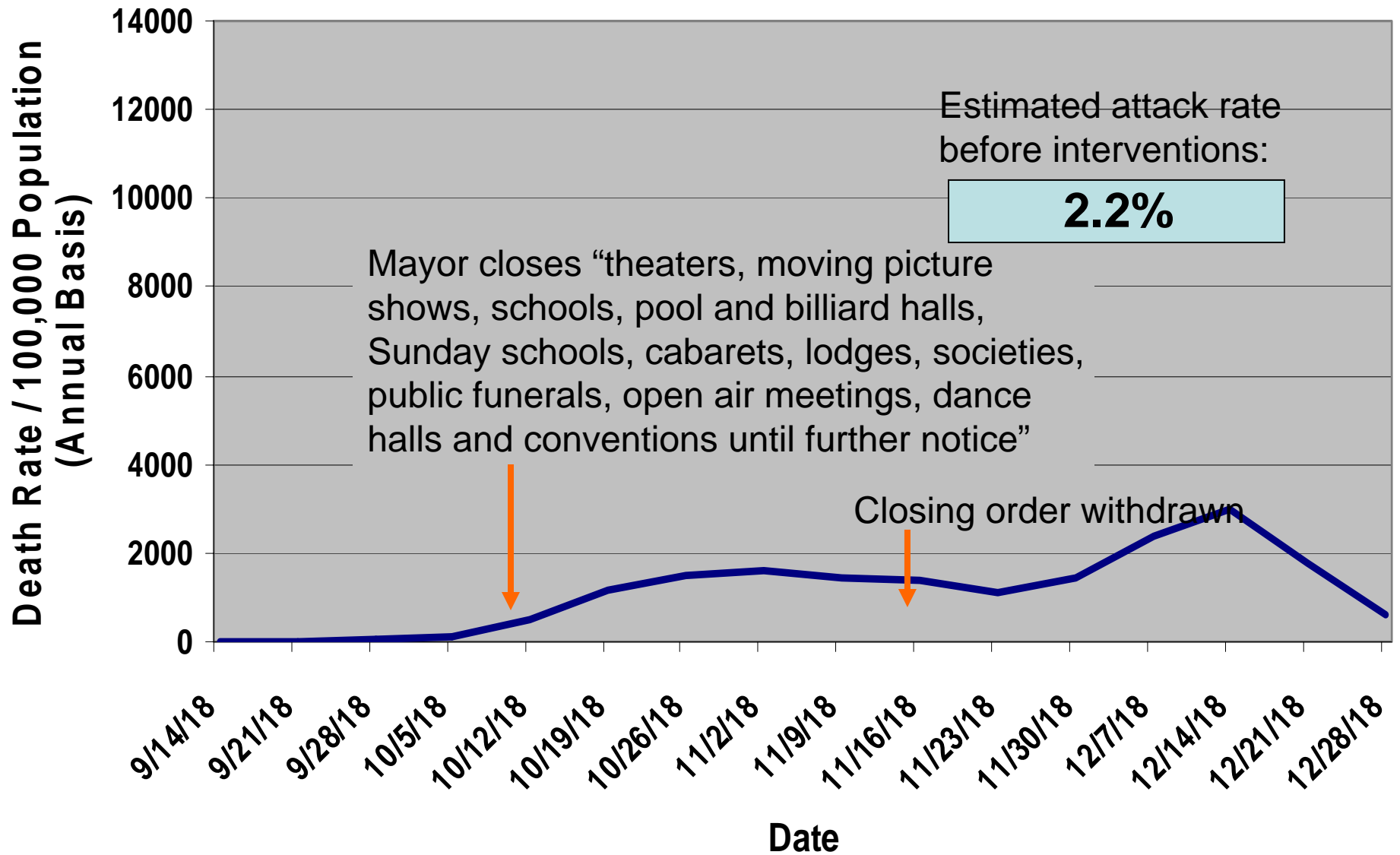


## 1918 Death Rates: Philadelphia v St. Louis

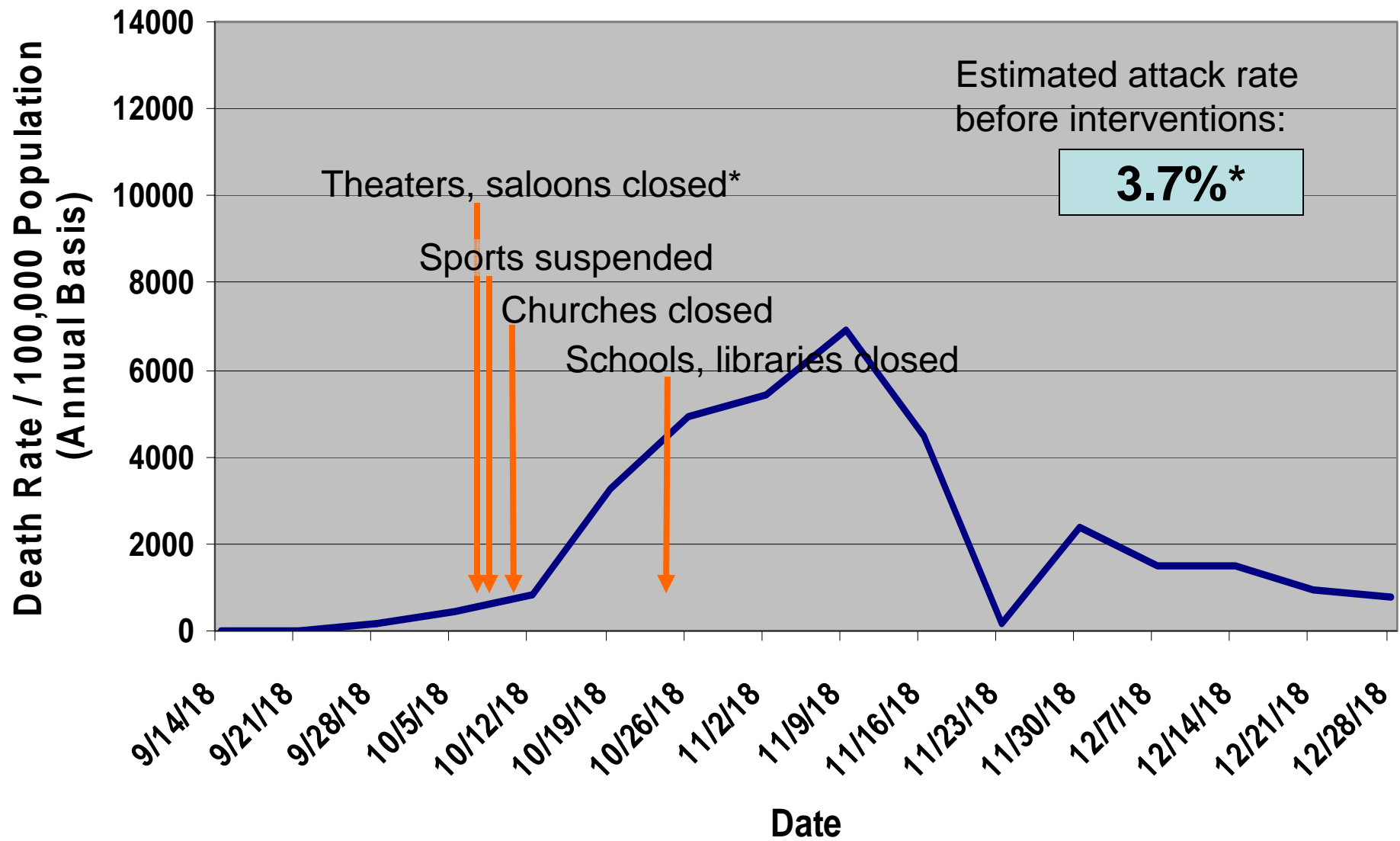


Weekly mortality data provided by Marc Lipsitch (personal communication)

# St. Louis



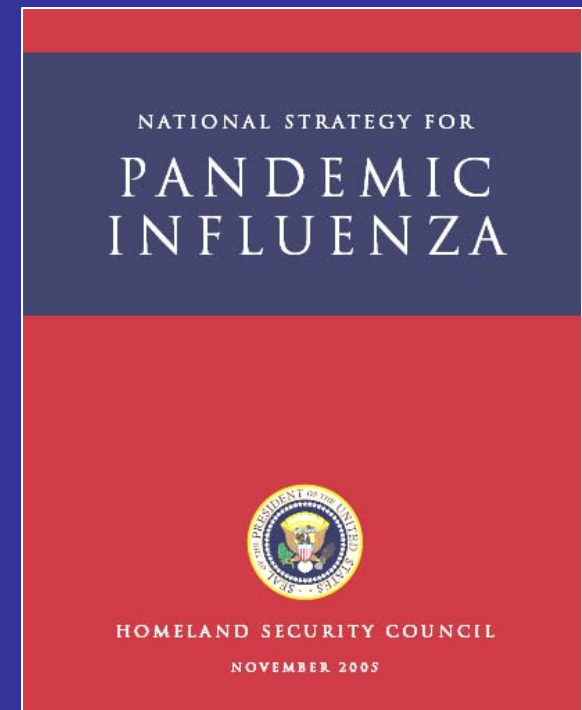
# Pittsburgh





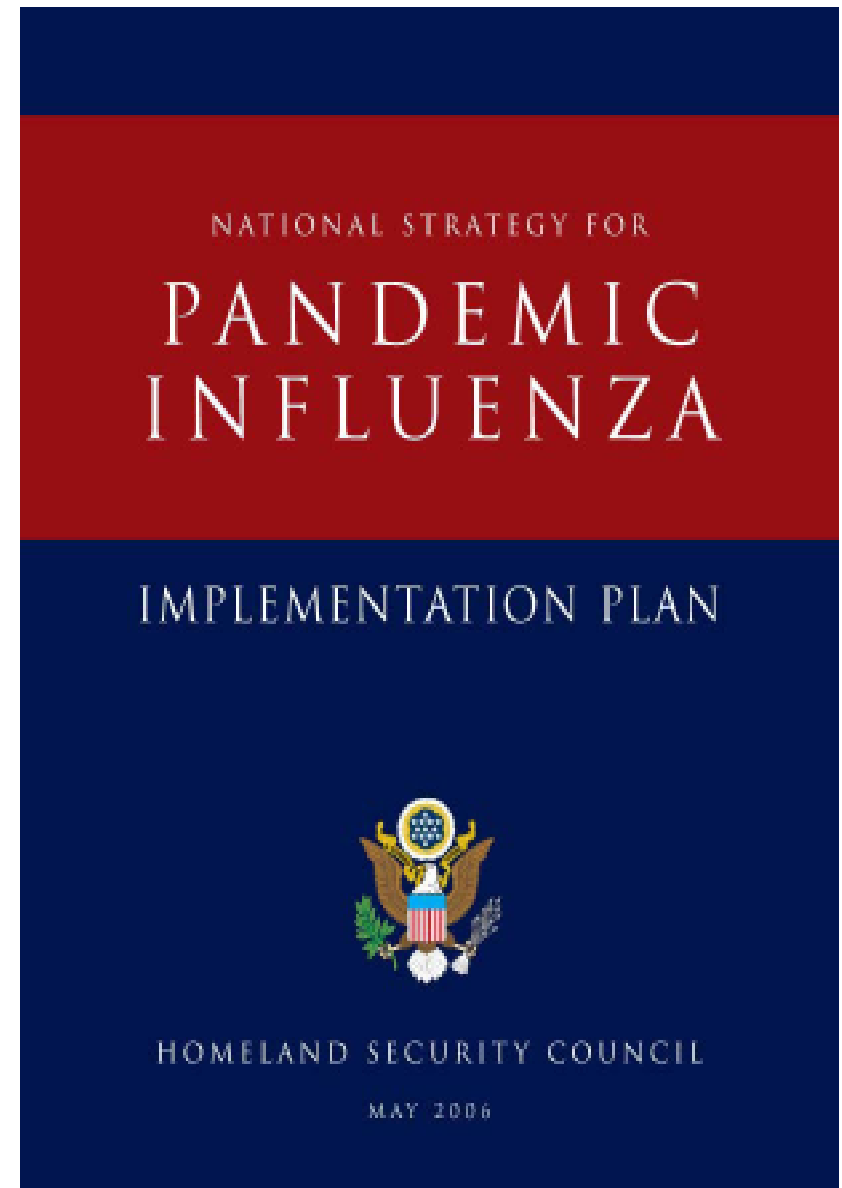
# The *National Strategy*

- Announced by the President on November 1, 2005
  - Emergency budget request for pandemic preparedness, totaling \$7.1 billion
  - Liability protection for pandemic vaccine manufacturers
  - Launch of “pandemicflu.gov”
  - HHS Plan released on November 2



# Implementation Plan for the National Strategy

- Released on May 3, 2006
- Contains over 300 actions for Federal Departments and Agencies
- Provides guidance on implementation of the *Strategy*, the development of Department-specific plans, and outlines specific roles and responsibilities of Departments and Agencies in pandemic preparedness and response
- Communicates expectations of non-Federal entities (State and local governments, private sector, critical infrastructure entities, individuals)



# Pillars of the Strategy

- Preparedness and Communication
- Surveillance and Detection
- Response and Containment

## Chapter 2: Federal Government Bears Primary Responsibility for Critical Functions

- Support of containment functions overseas
- Guidance on protective measures
- Procurement and distribution of countermeasures (e.g., vaccine, antivirals)
- Acceleration of research and development
- Modification to monetary policy to mitigate economic impact
- Modification of law or regulations to facilitate response

## Chapter 3: U.S. Government Response

- **New Animal Outbreaks in Previously Unaffected Countries:** Monitor, Support Response
- **Suspected Human-to-Human Outbreak Overseas:** Investigate, Confirm or Refute, Support Response
- **Confirmed Human-to-Human Outbreak Overseas:** Support Containment, Limit Ports of Entry, Implement Layered Protective Measures
- **Widespread Outbreaks Overseas:** Ensure Earliest Warning of First Cases in U.S., Activate Domestic Emergency Medical Personnel Plans
- **First Case in North America (U.S.):** Activate Pandemic Plans, Limit Non-Essential Travel, Use Antivirals (and Pandemic Vaccine when Available)
- **Spread within U.S.:** Sustain Infrastructure, Evaluate Epidemiology, Give Guidance to Communities

## Chapter 4: International Considerations

### Prevent and Contain Outbreaks Abroad

- **Global Threat:** Outbreak anywhere threatens populations everywhere. International efforts to fight PI essential.
- **Best Line of Defense:** Contain AI outbreaks in animals, educate now to prevent animal to human transmission, prepare now to contain any human to human outbreaks.
- **Build National Capacity:** Help countries at risk strengthen ability to prevent, detect, respond to, contain suspected outbreaks
- **Build International Capacity:** Strengthen international health organizations' ability to respond rapidly to outbreaks and to help countries at risk build capacity
- **Support Coordinated International Response:** Coordinate assistance/rapid response support to at risk countries; encourage cross-border cooperation to prevent/contain outbreaks

# Chapter 5: Transportation and Borders

Ports of Entry and Transportation are Key Elements of a Comprehensive Strategy

- **Border Actions:** May provide an opportunity to slow a pandemic, but will not prevent it.
- **Screening:** Sheer volume of traffic and difficulty of developing screening protocols to detect an influenza-like illness pose significant challenges.
- **Domestic Containment:** Measures are most effective if part of a comprehensive strategy that includes infection control, social distancing, isolation, vaccination & treatment.
- **Critical Services:** Sustaining critical transportation services during a pandemic will be vital to keep communities functioning and essential commodities moving.

## Chapter 6: Protecting Human Health

### Limiting Spread and Mitigating Illness

- **Detection:** Human outbreaks must be identified as early as possible and containment attempted; if containment fails, spread must be delayed
- **Containment:** Communities and individuals must have clear guidance from government as to how to employ community containment measures.
- **Vaccine:** The capability to rapidly produce effective vaccine must be assured.
- **Treatment:** Antiviral countermeasures must be stockpiled and hospitals must prepare for severe surges in demand for services



# Chapter 7: Protecting Animal Health

## Limiting Introduction and Spread of Avian Influenza in Birds

- **Track the Virus:** Detect Avian Influenza with Pandemic Potential in Wild and Domesticated Birds
- **Stop Animal Disease:** Decrease the Spread of Avian Influenza by Culling Infected Flocks and Practicing Biosecurity
- **Know the Virus:** Increase Scientific Knowledge through Research and Development in order to Combat the Virus
- **Stop Human Disease:** Decrease Human Infections from Animals by Reducing High Risk Animal-Human Interactions

## **Chapter 8: Public Safety and Security**

State, local, tribal, and private sectors have  
primary responsibility

- First responders are generally state and local, with help from state National Guard if needed
- Federal resources may provide support to address civil disturbances and breakdowns in public order beyond state and local control
- Federal resources may be available to help enforce quarantines and other public health measures upon state request
- Law enforcement planning should involve review of legal authorities, training, exercising, and coordination with public health officials

# Develop Plans for Law Enforcement and Public Safety

- Ensure that federal, state and local pandemic response plans address the full range of consequences, including human and animal health, security, transportation, economic, trade and infrastructure
- Develop and exercise response plans to be conducted with law enforcement and health officials at all levels
- Assist court personnel in developing plans for continuity of functions
- Advise Governors on process for requesting emergency law enforcement assistance, and military assistance, including under the Insurrection Act
- Provide guidance on preventive and containment measures
- Develop countermeasure distribution mechanisms
- Engage in contingency planning for maintaining essential operations

## Chapter 9: Protecting Personnel and Ensuring Continuity of Operations

- **Sustaining Critical Infrastructure:** Primary impact related health of workforce
- **Maintaining Business Continuity:** Organizations may need to rearrange priorities rather than terminating daily operations or focusing on essential functions
- **Protecting the Health of the Workforce:** Thorough application of infection control measures remains the key to limiting transmission and delaying spread.

# Department Plans

- Protecting the Health of Employees
- Maintaining Essential Functions and Services
- Supporting the Federal Response and States and Communities
- Communicating to Stakeholders

# State and Local Pandemic Influenza Planning Checklist

- ✓ Community Leadership and Networking
- ✓ Surveillance
- ✓ Health System Partnerships
- ✓ Infection Control and Clinical Care
- ✓ Vaccine Distribution and Use
- ✓ Antiviral Drug Distribution and Use
- ✓ Community Disease Control and Prevention
- ✓ Workforce Support

**STATE AND LOCAL PANDEMIC INFLUENZA PLANNING CHECKLIST**


Planning for pandemic influenza is critical. To assist you in your efforts, the Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) have developed the following checklist. It identifies important, specific activities you can do now to prepare. Many are specific to pandemic influenza, but a number also pertain to any public health emergency.

This checklist is based on the HHS Pandemic Influenza Plan, Public Health Guidance for State and Local Partners, but is not intended to set forth mandatory requirements. Each state and/or local jurisdiction should determine for itself whether it is adequately prepared for disease outbreaks in accordance with its own laws and procedures.

Community Preparedness Leadership and Networking [Preparedness Goal 1—Increase the use and development of interventions known to prevent human illness from chemical, biological, radiological agents, and naturally occurring health threats.]

| Completed                | In Progress              | Not Started              |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | • Establish a Pandemic Preparedness Coordinating Committee that represents all relevant stakeholders in the jurisdiction (including governmental, public health, healthcare, emergency response, agriculture, education, business, communication, community-based, and faith-based sectors, as well as private citizens) and that is accountable for articulating strategic priorities and overseeing the development and execution of the jurisdiction's operational pandemic plan. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | • Delineate accountability and responsibility, capabilities, and resources for key stakeholders engaged in planning and executing specific components of the operational plan. Assume that the plan includes timelines, deliverables, and performance measures.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | • Within every state, clarify which activities will be performed at a state, local, or coordinated level, and indicate what role the state will have in providing guidance and assistance.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | • Assume that the operational plan for pandemic influenza response is an integral element of the overall state and local emergency response plan established under Federal Emergency Support Function 8 (ESF8): Health and medical service and compliant with National Incident Management System.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | • Address integration of state, local, tribal, territorial, and regional plans across jurisdictional boundaries in the plan.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | • Formalize agreements with neighboring jurisdictions and address communication, mutual aid, and other cross-jurisdictional needs.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | • Ensure existence of a demographic profile of the community (including special needs populations and language minorities) and ensure that the needs of these populations are addressed in the operation plan.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | • Address provision of psychosocial support services for the community, including patients and their families, and those affected by community containment procedures in the plan (see Supplement 11).   |

December 2, 2005  
Version 4.4



# Pandemic Influenza Checklists

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- State and Local
- Business
- Preschool
- Schools (K-12)
- Colleges & Universities
- Faith-based & Community Organizations
- Physician Offices and Ambulatory Care
- Home Health
- Emergency Medical Services
- Travel Industry
- Law Enforcement  
(being drafted)



## **Contact information:**

**Francis Schmitz**

**DOJ Counterterrorism Section**

**Crisis Management Coordinator**

**Email: [Fran.Schmitz@usdoj.gov](mailto:Fran.Schmitz@usdoj.gov)**

**Phone: 202-514-1072**