

**APPENDIX 7
to
ANNEX H**



**PANDEMIC INFLUENZA
RESPONSE**

APPENDIX 7

PANDEMIC INFLUENZA RESPONSE

I. AUTHORITY

See State of Texas Basic Plan, Section 1

A. FEDERAL

Public Health Security and Bioterrorism Preparedness and Response Act of 2002, P.L. 107-188

B. STATE

1. Chapter 81 (Communicable Disease Prevention and Control Act), Texas Health and Safety Code
2. Chapter 121 (Local Public Health Reorganization Act) Texas Health and Safety Code
3. Chapter 161 (Public Health Provisions, § 161.0211, Epidemiologic or Toxicologic Investigations) Texas Health and Safety Code

II. PURPOSE

Pandemic influenza will pose unique and long-standing challenges not common to other disasters. The goal of pandemic influenza preparedness and response is to limit the spread of the virus; to minimize serious illness, hospitalizations, and death; to sustain critical infrastructure; and to minimize social disruption in Texas as a result of pandemic influenza. The purpose of this appendix is to provide guidance in preparing for, identifying, and responding to pandemic influenza that affects the State of Texas.

For purposes of state emergency planning, this plan is focused on preparing for human pandemic influenza. The state's Foreign and Emerging Animal Disease (FEAD) plan will apply when preparing for a coordinated response to zoonotic disease outbreaks, including avian influenza.

III. EXPLANATION OF TERMS

A. Acronyms

ARC	American Red Cross
CDC	Centers for Disease Control and Prevention
DADS	(Texas) Department of Aging and Disability Services
DARS	(Texas) Department of Assistive and Rehabilitative Services
DDC	Disaster District Committee
DFPS	(Texas) Department of Family and Protective Services
DHHS	(United States) Department of Health and Human Services
DIR	Department of Information Resources
DPS	(Texas) Department of Public Safety
DSHS	(Texas) Department of State Health Services

EOC	Emergency Operations Center
FEMA	Federal Emergency Management Agency
GDEM	Governor's Division of Emergency Management
HHSC	(Texas) Health and Human Services Commission
HSR	(Texas) Health Service Regions
ICP	Incident Command Posts
JIS	Joint Information System
LHA	Local Health Authority
LHD	Local Health Department
MACC	Multi-Agency Coordination Center
NIMS	National Incident Management System
NRP	National Response Plan
OAG	Office of the Attorney General
ORCA	Office of Rural Community Affairs
RMACC	Regional Multi-Agency Coordination Centers
SBA	Small Business Administration
SNS	Strategic National Stockpile
SOC	State Operations Center
SOPs	Standard Operating Procedures
SOS	Secretary of State
TAHC	Texas Animal Health Commission
TBPC	Texas Building and Procurement Commission
TCEQ	Texas Commission on Environmental Quality
TDA	Texas Department of Agriculture
TDCJ	Texas Department of Criminal Justice
TDHCA	Texas Department of Housing and Community Affairs
TDI	Texas Department of Insurance
TEA	Texas Education Agency
TSA	The Salvation Army
TxMF	Texas Military Forces
TPWD	Texas Parks and Wildlife Department
TWC	Texas Workforce Commission
TxDOT	Texas Department of Transportation
USDA	United States Department of Agriculture
WHO	World Health Organization

B. Definitions

1. **Antiviral medication:** A medication that may prevent or inhibit the growth and reproduction of viruses and is used to treat or prevent disease in those exposed or at risk of exposure.
2. **Catastrophic incident:** For purposes of the National Response Plan (NRP), describes any natural or manmade occurrence that results in extraordinary levels of mass casualties, property damage, or disruptions that severely affect the population, infrastructure, environment, economy, national morale, and/or government functions. An occurrence of this magnitude would result in sustained, national impacts over a prolonged period of time and would immediately overwhelm local and state capabilities.
3. **Control measures:** Actions necessary to prevent and control the spread of communicable disease include but are not limited to immunization, detection, detention, restriction, disinfection, decontamination, isolation, quarantine, chemoprophylaxis,

preventive therapy, prevention and education. Chapter 81 of the Texas Health and Safety Code allows control measures to be imposed on individuals, property, areas, or common carriers.

4. **Health authority:** A physician designated to administer state and local laws relating to public health under the Local Public Health Reorganization Act, Health and Safety Code, Chapter 121. A local health authority has considerable power that allows the health authority to investigate suspected incidents and outbreaks of communicable disease, and to initiate control measures as indicated. Establishing, maintaining, and enforcing quarantine in the health authority's jurisdiction is one of the local health authority's explicit legal duties. Non-compliance with a health authority's written order can subject an individual to court-ordered management.

The health authority, for purposes of this document, may be:

- a. A local health authority who is the director of a local health department/ district or a physician appointed by local authorities, if there is no local health department/district director; or
 - b. A health service region director of the Texas Department of State Health Services (DSHS), if no physician has been appointed by the Commissioner of Health as a local health authority; or
 - c. The Commissioner of Health or designee, in the absence of, or in addition to, those of the local health authority.
5. **Isolation:** The separation and restriction of movement of people with a specific communicable disease to contain the spread of the disease. People in isolation may be cared for in their homes, hospitals, designated health care facilities, or other dedicated facilities.
 6. **Outbreak:** A sudden increase in the number of cases of a specific disease or clinical symptoms.
 7. **Pandemic Influenza:** A worldwide outbreak of a novel (newly emerged) influenza virus causing sudden, pervasive illness that can severely affect even otherwise healthy individuals in all age groups. Pandemic influenza occurs infrequently and at irregular intervals and has the potential for substantial impact resulting in increased morbidity and mortality, significant social disruption, and severe economic costs. To assist in international planning and response activities, the World Health Organization has defined periods and phases of a pandemic influenza (see Attachment A: Pandemic, Phase Chart, World Health Organization, 2005).
 8. **Quarantine:** Separation and restriction of movement of well people who may have been exposed to an infectious agent and may be infected but are not yet ill. Quarantine usually occurs in the home but can be in a dedicated facility or hospital. The term quarantine also can be applied to restrictions of movement into or out of buildings, other structures, and public conveyances. In addition, specific areas or communities may be quarantined. The Centers for Disease Control and Prevention (CDC) also is empowered to detain, medically examine, or conditionally release people suspected of carrying

certain communicable diseases at points of arrival in, and departure from, the United States (U.S.) or across state lines.

9. **Strategic National Stockpile (SNS):** National repository of antibiotics, chemical antidotes, antitoxins, antiviral medications, vaccines, life-support medications, intravenous-administration and airway-maintenance supplies, and medical or surgical materiel for use in a declared biological or chemical terrorism incident or other major public health emergency.
10. **Surveillance:** Systematic collection, analysis, interpretation, and dissemination of data regarding a health event for use in response actions to reduce morbidity and mortality. The objective of surveillance is to effectively guide action efforts locally, statewide, nationally and internationally.
11. **Viral shedding:** The expelling of virus particles from the body. Virus shedding is an important means of disease transmission.
12. **Wave:** A period of time, usually six-to-eight weeks, characterized by the beginning of illness in a population, escalation of illness over time to a maximum number of people infected, then slowing infection rates. A wave is followed by a period of normalcy. Pandemic influenza is expected to have two-three waves.

IV. SITUATION & ASSUMPTIONS

A. Situation

1. The people of Texas are susceptible to a novel influenza virus that may cause a pandemic.
2. Immunity to infection with a pandemic strain can only occur after natural infection or immunization with an effective vaccine.
3. Animals may also be susceptible to the novel influenza virus and may carry, spread, or serve as an intermediate host to facilitate genetic reassortment of the virus (See Appendix 3: Foreign and Emerging Animal Disease (FEAD) Response Plan to the proposed Annex O of the State of Texas Emergency Management Plan as published on the Texas Animal Health Commission's website).
4. When pandemic influenza occurs, many people will become ill and may die from the virus or complications.
5. Pandemic influenza in the State of Texas will be deemed a catastrophic incident.
6. Pandemic influenza will cause the degradation of local infrastructure.
7. If the initial outbreak is not controlled within a short time, pandemic influenza may spread to all jurisdictions within the State.
8. Pandemic influenza will severely impact the economic stability and viability of the State and the nation.

9. Social and economic ties with neighboring states and Mexico necessitate interstate and binational cooperation during all phases of pandemic influenza.

B. Assumptions

1. Seasonal influenza vaccination may or may not offer some level of protection against a novel pandemic influenza strain.
2. It is highly unlikely that the most effective tool for mitigating a pandemic (a well-matched pandemic strain vaccine) will be available when a pandemic begins.
3. The novel influenza virus may initially be spread by animals to people in Texas, or by people entering the state and already contagious with the virus.
4. Multiple waves of illness are likely to occur - each wave may last six to eight weeks.
5. Pandemic influenza may severely affect even otherwise healthy individuals in all age groups, and will limit or degrade the response capabilities of all levels of government.
6. Persons who become ill shed virus and may transmit virus up to one day previous to the onset of illness. Persons who are ill may shed virus up to five days after onset of illness.
7. Children will play a major role in transmission of infection as their illness rates are likely to be higher; they shed more virus over a longer period of time, and they control their secretions less effectively.
8. Surveillance of pandemic influenza will provide information critical to the implementation of control measures, such as restricting travel, closing schools, canceling public gatherings, and initiating antiviral vaccine usage in target groups.
9. Systematic application of disease control measures can significantly reduce the disease transmission rates with accompanying reductions in the intensity and velocity of pandemic influenza.
10. Control and monitoring of pandemic influenza will involve many state and federal agencies, not just those associated with public health activities.
11. Some individuals may not believe the reality of the threat posed by a pandemic influenza incident, and may take actions counterproductive to the government process to quarantine, control and treat infected people with the disease. Health education will be needed on multiple levels and at multiple points to achieve full cooperation.
12. Over the course of the pandemic, up to 50 percent of the work force may be absent due to illness, caretaking responsibilities, fear of contagion, loss of public transportation, or public health control measures. Local government and private industries must plan for the continuation of critical community infrastructure and services due to employee absenteeism.

13. There will likely be critical shortages of health care resources such as pharmaceuticals, vaccine (once developed), staffed hospital beds, health care workers, mechanical ventilators, morgue capacity, and temporary refrigerated holding sites.
14. Pandemic influenza will severely affect local and state economies, as well as intrastate, interstate, and international travel and commerce.
15. Pandemic influenza may result in long-term and costly emergency response operations.
16. Pandemic influenza may cause stress and/or emotional trauma.
17. Disseminating timely, consistent, and accurate information to public and private sector stakeholders, the media, and the general public is one of the most critical facets of pandemic influenza preparedness and response.
18. When the CDC determines pandemic influenza is imminent, antiviral medications and other medical supplies from the SNS will be forward-placed in Texas.
19. A separate DSHS cache has been purchased for distribution to HSRs for outbreak control. Additional antiviral purchases will be distributed as secured.
20. Some local jurisdictions and private entities have purchased their own antiviral medications and other medical materiel for pandemic response.
21. The private health care system will serve as the primary source for antiviral medications for the treatment of ill patients.

V. CONCEPT OF OPERATIONS

A. General

1. Pandemic influenza response operations are conducted pursuant to the National Response Plan (NRP) and in compliance with the National Incident Management System (NIMS).
2. Upon determination of a catastrophic pandemic influenza threat to Texas, the State will initiate emergency operations. Once pandemic influenza is identified, state and federal agencies will work in coordination with local jurisdictions.
3. This plan applies to all state agencies and organizations. All state resources will be made available as needed for pandemic influenza response.
4. Pandemic influenza will span multiple jurisdictions and regions and require a comprehensive emergency response strategy. When multiple jurisdictions are involved, a regional Multi-Agency Coordination Center (MACC) should be established to support Incident Command Posts (ICPs) and Emergency Operations Centers (EOCs). The regional MACCs will facilitate resource support and coordination across local jurisdictional and regional boundaries.

5. In a pandemic influenza incident, the Health Authority is responsible for initiating or performing control measures established by Chapter 81 of the Health and Safety Code (Communicable Diseases).
6. The Governor's Division of Emergency Management (GDEM) will coordinate the response operations related to the threat presented by pandemic influenza. GDEM will coordinate with the Governor's Office to request specific assistance from other states or the federal government. Federal coordinating agencies that will be active in a pandemic influenza include the Federal Emergency Management Agency (FEMA), Department of Homeland Security (DHS), United States Department of Health and Human Services (DHHS), and the Centers for Disease Control and Prevention (CDC).
7. Once the SNS pandemic response medical materiel has arrived in Texas, DSHS will coordinate the distribution of this material (see Appendix 8: SNS Plan).

B. Actions by Phases of Emergency Management

1. Preparedness:
 - a. Educate the general public regarding personal protection or mitigation strategies including seasonal influenza vaccination, respiratory etiquette, and responsible use of antiviral drugs.
 - b. Coordinate enhanced pandemic influenza surveillance activities statewide at ports of entry, military facilities, hospitals, health clinics, and other health care facilities.
 - c. Identify and minimize gaps in state infrastructure and state resources, laws, and statutes that may interfere with effective pandemic influenza response.
 - d. Coordinate pandemic influenza plans with bordering states, Texas-Mexico border jurisdictions and their Mexican counterparts, and American Indians tribes.
 - e. Ensure the adequacy of existing regulations involving pandemic influenza.
 - f. Disseminate legal authority information and technical guidance to emergency management agencies.
 - g. Coordinate volunteers and resources to augment response and health systems.
 - h. Conduct training and awareness campaigns to educate health care professionals, response personnel and others on the basic clinical signs of influenza.
 - i. Educate response personnel on the human impact and predictable outcomes of pandemic influenza control and containment activities.
 - j. Develop, schedule, and conduct training classes for responders and applicable state agency personnel involved in pandemic influenza control, containment, and environmental disinfection.
 - k. Develop and disseminate pandemic influenza related public information campaigns for travelers who may have visited potential pandemic influenza affected areas.

- l. Ensure a communication system is established and maintained throughout a pandemic influenza response.
- m. Conduct tabletop and functional exercises at the State and regional level to implement pandemic influenza plans and test response procedures.
- n. Obtain needed equipment and supplies for pandemic influenza identification, containment, disinfection, and treatment.

2. Response

- a. Activate the State Operations Center (SOC), Disaster District Committee (DDC) EOCs, and recommend activation of the regional MACCs as necessary.
- b. Continue enhanced communication and surveillance activities.
- c. As available, distribute antiviral medications, vaccines and medical supplies to address local, regional and state response needs.
- d. Deploy trained responders for pandemic influenza response.
- e. Activate law enforcement entities to assist in pandemic influenza control measures and maintenance of social order.
- f. Activate public works operations to establish roadblocks, inspection points, and to maintain critical infrastructure.
- g. Obtain needed equipment for pandemic influenza identification, containment, disinfection, and treatment.
- h. Continue to educate citizens about personal protective strategies and population level interventions that may be initiated during a pandemic within their community.
- i. Develop and disseminate public service announcements, utilizing the Joint Information System (JIS), for release to the media concerning pandemic influenza outbreak.
- j. Coordinate the provision of stress management and crisis counseling support.
- k. Coordinate the disposition of human remains per standard practices.

3. Recovery

- a. Obtain all critical documents, information, and paperwork from all officials regarding emergency and disaster declarations.
- b. Prepare and submit to the Governor, FEMA, the Small Business Administration (SBA) and any other entity as appropriate, all requests for emergency and disaster assistance.

- c. Evaluate responses and outcomes to initial waves of the pandemic to determine best practices; prepare for additional pandemic waves.

VI. ORGANIZATION & ASSIGNMENT OF RESPONSIBILITIES

A. Organization

Decisions as to how and when to implement disease control measures will be made on a community-by-community basis. State government will provide technical support and guidance to state and local officials regarding the efficacy of control measures and pandemic influenza response activities. Direction and control of state resources and activities will be conducted from the SOC with the assistance of the DSHS Multi-Agency Coordination Center (MACC).

B. Assignment of Responsibilities

1. GENERAL

All state agencies and volunteer organizations are responsible for the following tasks:

- a. Primary and supporting agencies will ensure continuity of operations plans are developed that ensure essential agency functions can continue during a pandemic influenza incident;
- b. Ensure response personnel are clear on their roles and responsibilities if pandemic influenza is suspected or confirmed.
- c. Identify staffing requirements and maintain current notification procedures to ensure appropriately trained agency personnel are available for pandemic influenza response.
- d. Assess the need for medications and supplies to assure continuity of operations and the ability to meet state response obligations.
- e. Assist in pandemic influenza education efforts by disseminating information to employees, businesses, organizations, agencies, professions and individuals served by each agency.

2. PRIMARY AGENCY

The Department of State Health Services (DSHS) is responsible for coordinating state health and medical services and will serve as the primary state agency responsible for the coordination of pandemic influenza preparedness, response, and recovery.

- a. Coordinate efforts to minimize and control the spread of pandemic influenza in Texas.
- b. Coordinate and support training and awareness campaigns related to identifying and controlling the spread of pandemic influenza.

- c. Identify target populations for the receipt of antiviral medications and vaccine as available.
- d. Coordinate efforts to ensure the timely dissemination of pandemic influenza vaccine when it becomes available, and other vaccination campaigns.
- e. Coordinate, support and exercise plans to ensure the timely dissemination of antiviral drugs and vaccine as available.
- f. Coordinate state efforts to distribute SNS resources that will contribute to pandemic influenza prevention and containment.
- g. Develop and maintain a statewide pandemic influenza surveillance system.
- h. Sustain the state's laboratory capability to rapidly identify and subtype influenza virus.
- i. Coordinate provision of disaster behavioral health services to first responders and those affected by the pandemic.
- j. Maintain contingency contracts and Memoranda of Understanding with private sector partners to assist with pandemic influenza response.

3. SUPPORTING AGENCIES

- a. Governor's Division of Emergency Management (GDEM)
 - 1) Coordinate plans and emergency actions to mobilize, deploy, direct, and control state resources to prepare for, respond to, and recover from pandemic influenza.
 - 2) Coordinate requests for state assistance with representatives of departments, agencies, and organizations to identify suitable response assets.
 - 3) Collect information and provide situation reports as required by operational procedures and directives.
- b. Texas Military Forces (TXMF)
 - 1) Provide support, expertise, and personnel for pandemic influenza surveillance activities.
 - 2) Provide available staff and equipment to support control measures and logistics.
 - 3) Assist in providing communications capabilities for response operations.
 - 4) Provide medical support including, but not limited to, medical providers, administrators, preventative medicine, epidemiologists, environmental health services, support technical staff, and equipment as available.
 - 5) The state will prepare to activate 10,000 or more personnel of all Texas National Guard forces to respond to pandemic influenza.

- c. Department of Information Resources (DIR)
 - 1) Provide technical support for maintaining the state's 211 network as a resource for providing pandemic influenza information to the public.
 - 2) Assist in providing and maintaining voice and data communications capabilities for facilities and personnel at all operational response levels.
- d. Office of the Attorney General (OAG)
 - 1) Provide legal counsel to local and state officials conducting or evaluating pandemic response operations and activities.
 - 2) Provide legal assistance as requested to state and local officials conducting pandemic emergency response operations, including, but not limited to restriction of movement of people, quarantine declarations, medical and liability claims, restriction of public access, suspension of public activities, indemnity issues, and obtaining court ordered control measures for individuals, property, or common carriers and conveyances.
 - 3) Act as a liaison to the U.S. Attorney General.
- e. Office of the Governor, Economic Development and Tourism Division
 - 1) Assists, under the direction of the Communications Division, in providing applicable media support in pandemic response operations.
 - 2) Work with local jurisdictions to determine and counter the impact of a pandemic influenza on tourism, local industry and other economy-related activities.
- f. Office of the Secretary of State (SOS)
 - 1) Assist in the coordination of interstate and international pandemic influenza issues.
 - 2) Assist in establishing and maintaining communications with Mexican federal, state and local officials regarding a pandemic influenza outbreak as well as prevention and response issues that could be or are affecting Texas, Mexico, and the Border region.
 - 3) Assist in coordinating with the U.S. State Department on international pandemic influenza issues.
 - 4) Assist in communication with domestic and international non-governmental organizations as appropriate on pandemic influenza response related activities.
 - 5) Issue guidance to local authorities regarding U.S. treaty obligations concerning the inviolability of foreign diplomatic personnel and facilities.

- g. Texas Animal Health Commission (TAHC)
 - 1) Assume primary responsibility for coordinating zoonotic pandemic influenza response related actions such as domestic animal and wildlife surveillance, permitting and inspections, cleaning and disinfecting, decontamination, humane euthanasia and disposal of potentially-diseased animals, and animal carcass disposal.
 - 2) Provide support and expertise in controlling, cleaning, disinfecting and restricting personnel and vehicle traffic.
- h. American Red Cross (ARC)
 - 1) Provide disaster behavioral health and medical distribution volunteers.
 - 2) Distribute food and medicine.
 - 3) Educate volunteers on pandemic influenza preparedness and response.
- i. Texas Building and Procurement Commission (TBPC)
 - 1) Assist in locating and contracting for pandemic influenza related resources and alternate use facilities.
 - 2) Locate appropriate lodging and transportation resources for pandemic influenza response operations.
- j. The Salvation Army (TSA)
 - 1) Distribute food and medicine.
 - 2) Provide crisis counseling.
 - 3) Educate volunteers on pandemic influenza preparedness and response.
- k. Texas Department of Agriculture (TDA)
 - 1) Assist in providing personnel and equipment resources for surveillance, mapping, roadblocks and transportation.
 - 2) Assist in the coordination of the food industry and producers regarding limitations imposed on the movement of agricultural products or vehicles.
 - 3) Assist in communication and coordination efforts with United States Department of Agriculture (USDA) and other federal agencies.
- l. Texas Department of Criminal Justice (TDCJ)
 - 1) Provide transportation assets to deliver medical supplies.
 - 2) Coordinate transportation assets with state agencies.

m. Texas Department of Public Safety (DPS)

- 1) Provide law enforcement support for road closures, controlling vehicular traffic, isolation facilities, and operations.
- 2) Enforce security during the deployment of medical resources and supplies.
- 3) Coordinate enforcement of control measures ordered by local courts and health authorities.

n. Texas Department of Transportation (TxDOT)

Provide traffic control devices (e.g., signs, barricades, etc) to assist with traffic control, road closures, medical distribution and quarantine zones.

o. Texas Education Agency (TEA)

- 1) Coordinate with Regional Education Service Centers to assist local school districts in facilitating decision making on the closure of campuses and recommending alternative educational opportunities.
- 2) Identify a liaison to local schools for the use of facilities as resource staging areas and medical distribution points.
- 3) Coordination with Regional Educational Service Centers in the planning for continuing social services that were offered at time of closure in periods of school closure.

p. Texas Commission on Environmental Quality (TCEQ)

- 1) Provide technical assistance regarding the disposal of medical waste.
- 2) Provide expertise regarding air quality and potable water issues.

q. Texas Department of Housing and Community Affairs (TDHCA)

Coordinate with local jurisdictions to advise and assist in continuity of essential operations.

r. Texas Department of Insurance (TDI)

- 1) Assist in the distribution of pandemic influenza information.
- 2) Monitor legal issues in insurance claims during a pandemic influenza.

s. Texas Parks and Wildlife Department (TPWD)

- 1) Educate and encourage wildlife workers to be vaccinated for seasonal flu and engage in appropriate preventive activities while working with sick or dead wildlife.

- 2) Provide law enforcement assistance during pandemic influenza response operations.
 - 3) Enforce quarantine of public land as needed.
- t. Office of Rural and Community Affairs (ORCA)
- Serve as a conduit for pandemic influenza information flow between the state and rural health stakeholders and other applicable organizations.
- u. Texas Workforce Commission (TWC)
- 1) Assist in the education and awareness of Texas employers for business continuity planning and pandemic response.
 - 2) Assist in the education of Texas employers on employee sick leave policies and plans to prevent infection in the workplace.
 - 3) Assist public and private sector workers to identify workforce-related resources when they lose their jobs or are unable to work due to pandemic influenza.
- v. Texas Voluntary Organizations in Disaster (TXVOAD)
- 1) Coordinate volunteers for use as enhancements to the normal health care system.
 - 2) Educate volunteers on pandemic influenza preparedness and response.
- w. Health and Human Services Commission (HHSC)
- 1) Assist in meeting emergency food, water and ice needs of the public.
 - 2) Coordinate the use of the state's 211 system in the provision of information to the public.
- x. Department of Assistive and Rehabilitative Services (DARS)
- Assist in pandemic influenza preparedness and response activities for disabled populations.
- y. Department of Aging and Disability Services (DADS)
- Assist in pandemic influenza preparedness and response activities for aged and disabled populations.
- z. Department of Family and Protective Services (DFPS)
- Assist in the development of preparedness and response activities for the protection of both minors and the elderly during pandemic influenza.

VII. DIRECTION & CONTROL

- A. Direction and control of pandemic influenza operations in Texas will be exercised in accordance with section V.B. and VI. of the Basic Plan, and in accordance with the NIMS and relevant National Response Plan (NRP) requirements.
- B. A DSHS staff member will serve as the primary agency representative and will coordinate pandemic influenza activities within the SOC, the DSHS MACC, DDC EOCs and, as requested, the regional MACCs.
- C. Direction and Control procedures will be flexible and adaptable to all pandemic influenza periods and phases as defined by the World Health Organization (WHO).

VIII. CONTINUITY OF GOVERNMENT

- A. Lines of succession for personnel with emergency management responsibilities will be in accordance with existing policies and emergency management standard operating procedures (SOPs) of each agency/organization.
- B. Primary and supporting agencies will ensure their respective personnel are trained, in accordance with NIMS guidelines, to respond as agency representatives. Agencies will identify and train alternate or backup personnel; ensuring these individuals understand the lines of succession, pre-delegated authorities and responsibilities of their individual agencies, and ensure appropriate standard operations guidelines contain sufficient detail so alternate and/or backup personnel can use them in performing their responsibilities.
- C. Primary and supporting agencies will ensure continuity of operations plans are developed, to ensure that essential agency functions can continue during pandemic influenza.

IX. READINESS & RESPONSE LEVELS

See Basic Plan, Section VII, for a list of the readiness and response levels and the kinds of activities that characterize each level. Establishing a set of increasing readiness actions is challenging for a pandemic influenza response. However, if impending pandemic influenza can be anticipated, the expected actions include:

- A. Continue the preparedness and response activities outlined in paragraphs V.B.1, V.B.2, and V.B.3.
- B. Increase surveillance at ports of entry, and health and medical care facilities.
- C. Institute an aggressive awareness and education campaign for both the media and the public.

X. REFERENCES

Communicable Disease Control Measures in Texas: A Guide for Health Authorities in a Public Health Emergency.

State of Texas Pandemic Influenza Plan Operational Guidelines

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