

**Pandemic Influenza Emergency Response**

**APPENDIX 2 (DRAFT)**

**Of the**

**Hazard Specific Appendices**

**New Mexico Department of Health Emergency Operations Plan**

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# **Pandemic Influenza Emergency Response**

## **APPENDIX 2 (DRAFT)**

**of the**

### **Hazard Specific Appendices**

#### **New Mexico Department of Health, Emergency Operations Plan**

#### **Introduction**

Influenza illness is caused by a highly contagious virus that spreads easily from one person to another. Symptoms of influenza infection include rapid onset of high fever, chills, sore throat, runny nose, severe headache, nonproductive cough, body aches and fatigue. Secondary infections can lead to further complications and significantly contribute to influenza related morbidity and mortality. The influenza virus has several natural animal reservoirs allowing the virus to change genetically as strains are able to re-assort and recombine in different species. The new or novel virus strains that emerge from this process may adapt to efficient human-to-human transmission, leading to a pandemic.

#### **Pandemic Influenza**

Pandemic influenza is a unique public health emergency, as it will occur rapidly and quickly overwhelm the healthcare infrastructure of New Mexico. New Mexico will most likely have between one to six months from the identification of a novel influenza virus somewhere in the world to the time that outbreaks begin to occur in New Mexico. Effective pharmaceutical preventive and therapeutic measures will likely be in short supply, as the entire world will be affected. Healthcare workers and other first responders will likely be at higher risk of exposure to influenza than the general population, further impeding the care of patients. Widespread illness in the community may also increase the likelihood of sudden and potentially significant shortages of personnel who provide other essential community services leading to significant social disruption. In addition to risks of exposure, essential personnel and the general population will also be psychosocially affected by the illness and possibly death of family members and friends. The Centers for Disease Control and Prevention (CDC) estimates the economic costs associated with a pandemic will be in the billions of dollars. The worst influenza pandemic in history in 1918-1919 caused 20 to 100 million deaths worldwide and created major social disruption.

#### **I. Purpose**

The purpose of the **Pandemic Influenza Emergency Response** appendix, under the authority of the Cabinet Secretary of the New Mexico Department of Health (NMDOH), is to promote an effective statewide response to pandemic influenza, should it emerge in New Mexico. This Pandemic Influenza Emergency Response Appendix includes strategies to reduce pandemic influenza-related morbidity, mortality, and social disruption. The NMDOH Secretary, with the

agreement and collaboration of involved state and local government agencies, will provide leadership for the sustained Pandemic Influenza Emergency Response.

## **II. Legal Authorities, Policies and Principles**

Appendix 2 to the Department of Health Emergency Operations Plan (NMDOH EOP) is in accordance with Legal Authority, Policies and Principles listed in the *NMDOH Emergency Operations Plan*. In addition, on April 6, 2003, the New Mexico Public Health Emergency Response Act (PHERA) (<http://www2a.cdc.gov/phlp/docs/nmhb0231.pdf>) was signed into law. [Citation: 12-10A-1 to 12-10A-19 NMSA 1978] This law provides the state of New Mexico with the ability to manage public health emergencies; prepare for a public health emergency; and access to appropriate care, if needed, for an indefinite number of infected, exposed or endangered people in the event of a large scale public health and medical emergency. The PHERA authorizes the NMDOH Secretary, in coordination with the New Mexico Secretary of Public Safety and the Director of the Office of Homeland Security (OHS) to utilize health care facilities for public use and to inspect, regulate or ration medical resources, and sets forth procedures for isolation or quarantine.

- A. In accordance with the US Department of Homeland Security, National Response Goal and Homeland Security Presidential Directive – 8, preparedness activities must be dedicated to the creation of capability in four mission areas: prevention, protection, response, and recovery.
- B. In accordance with the US Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), preparedness activities must be dedicated to creating urgent public health system response capacity for terrorism and non-terrorism events. CDC preparedness goals are: prevention, detect/report, investigate, control, recover, and improve.
- C. Beginning with incident identification, all response is local.
- D. Prevention, protection, response, and recovery planning must be coordinated at the state level according to the New Mexico All Hazards Emergency Operations Plan and in the Department of Health's Emergency Operations Plan. Planning must also be coordinated with local and tribal Emergency Operations Plans.
- E. The Incident Command System (ICS) is the management system that will be used in the event of a pandemic in order to coordinate emergency response. [Occurs in conjunction with the National Response Plan (NRP). The system is expanded to include the National Incident Management System (NIMS)]. Although a single Incident Commander handles the command function for some emergencies, an Incident Command System (ICS) organization may be expanded to include a Unified Command (UC).
- F. Unified Command is a structure that brings together the "Incident Commanders" of all major organizations with particular response functions in order to coordinate an effective response, while at the same time maintain their distinct organizational responsibilities. The UC links the organizations responding to the incident and provides a forum for these entities to make consensus decisions. Under the UC, the various jurisdictions and/or agencies and non-government responders may blend together throughout the operation to create an integrated response team. It is highly likely that the response to a pandemic will require a Unified Command Structure.

### **III. Situation and Assumptions**

#### **Pandemic Influenza**

- A pandemic is an epidemic occurring worldwide, or over a large geographic area that affects large numbers of people and crosses national and international boundaries, including sovereign tribal boundaries.
- An influenza pandemic differs from seasonal influenza in frequency, scope and severity. Seasonal influenza occurs every year typically starting in the late Fall and lasts through the winter. Seasonal influenza leads to an annual epidemic causing significant morbidity and mortality in commonly recognized high-risk populations. Pandemic influenza occurs when a novel strain of influenza is introduced into the global population that has no natural immunity causing increased morbidity and mortality.
- New strains of influenza viruses are inevitable and can emerge unpredictably, and spread rapidly and pervasively through susceptible populations, sometimes causing pandemics (worldwide epidemics). This is due in large part to two features of the influenza virus: its ability to exchange genetic information between strains and its ability to occasionally "jump" species barriers between mammalian and avian hosts. Experts agree that future pandemics of influenza are likely, if not inevitable. The sudden and unpredictable emergence of pandemic influenza can cause severe health and social consequences.
- A pandemic has the potential to result in large numbers of deaths (estimated between 20,000-25,000 deaths in New Mexico), overwhelming the system's mortuary resources, including morgue capacity, medical investigative and forensic personnel, and services available for disposition of bodies. A pandemic is highly likely to produce large numbers of sick people that require care at the same time. Medical and public health surge may quickly overwhelm the system's resources resulting in scarcity of medicine, equipment, personnel, and other healthcare resources. Additional surge may occur from outlying rural areas and the areas of Mexico bordering the state.
- The initial Pandemic Influenza event will likely last 8 – 17 weeks and will likely be followed by a series of Pandemic Influenza waves each also lasting weeks to months, continuing for up to two years after the initial outbreak.
- Hospitals are the optimal institutions to care for ill individuals, providing for medical surge through in-hospital alternative inpatient and outpatient areas. Primary care providers and other adjunct community capacity will have a role in triaging patients to the most effective and available care entity. All non-hospital health care providers will coordinate locally and with hospitals to acquire the most capacity possible to deal with the greatest number of ill individuals requiring care. Coordination of available health care professionals will be handled through the NMDOH State EOC Representative (EOCR), NMDOH OHEM and DPS, Office of Homeland Security. Widespread illness in the community will also increase the likelihood of sudden and significant workforce shortages in critical community services, such as: military personnel, law enforcement, firefighters, utility workers, transportation workers, human services and those agencies that provide essential infrastructure services to the public.

- Pandemic Influenza event will seriously impact and overwhelm every healthcare, social and economic structure on a global scale simultaneously. Resources and assistance from all federal, state, and local governments will be severely limited or not available. A severe pandemic will have major consequences for the local, national, and global economy. Due to the large numbers of affected individuals and social disruption, production of goods and services will suffer. It is further understood that despite hospital and health care intervention during a Pandemic Influenza outbreak, people will die due to limitations in medical resources and available healthcare workforce, and the very nature of the disease.

**New Mexico Impact Models**

Based on the Federal Pandemic Influenza Plan, the clinical disease attack rate will be 30% in the overall population. Of these, 50% will seek outpatient medical care. The number of hospitalizations and deaths will depend on the virulence of the pandemic virus. Estimates for New Mexico for moderate and severe pandemic strains are outlined in the table below\*:

<b>Characteristic</b>	<b>Moderate (1957/68-like virus)</b>	<b>Severe (1918-like virus)</b>
Illness	600,000 (30%)	600,000 (30%)
Outpatient medical care	300,000 (50% of those ill)	300,000 (50% of those ill)
Hospitalization	8,500	10,000 – 50,000
ICU Care	1,980	2,680
Mechanical ventilation	990	1,340
Deaths	1,670	20,000

\* **NOTE:** The estimates were derived from *FluSurge* (Centers for Disease Control and Prevention: <http://www.cdc.gov/flu/flusurge.htm>) and projections from the recent federal influenza pandemic plan. Mortality in New Mexico for a 1918 – like influenza strain is more realistically projected at 20,000-25,000 deaths. NMDOH acknowledges that *FluSurge* is being revised.

**Prevention, Mitigation and Response**

- Vaccines for a new pandemic strain of influenza cannot be made until the new strain emerges in nature. For this reason, vaccines will not be available for several months after pandemic influenza begins to circulate. With current technology, the first wave of the pandemic may have passed before vaccine becomes available. Several antiviral agents currently exist, but whether or not they will be effective against a future pandemic strain is unknown. The Health and Human Services Department is stockpiling at least two different antiviral agents. These agents will remain in extremely short supply for the next several years, and will not be enough to treat or prophylax the large numbers of persons in an influenza pandemic that might benefit from their use.
- During both a seasonal influenza and a pandemic, personal hygienic measures are of vital importance to prevent the spread of influenza. Hand washing and covering one’s mouth and nose during coughing and sneezing with a tissue or handkerchief may reduce the transmission of influenza. Specific infection control measures for hospital and medical setting environments are listed in the appendices.

- During a pandemic, the New Mexico Department of Health may recommend (or require) the closure of schools, shopping malls, public transportation, and other public gatherings in order increase social distancing to reduce influenza transmission. The public may also be asked to voluntarily distance themselves from exposure to areas where large numbers of people gather by remaining in their homes for an extended period of time. This will require individuals and families to stockpile food, medicine and other necessary items.

#### **IV. Concept of Operations**

National Incident Management System, including ICS and the State All Hazards EOP  
Activation of the NMDOH Department Operations Center (DOC) and the State Emergency  
Operations Center

New Mexico Modular Emergency Medical System (NM MEMS)

Pandemic Phases:

**Summary of WHO Global Pandemic Phases**  
(WHO Global Influenza Preparedness Plan, 2005)

##### **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.

NM Specific: Activation of the New Mexico State Unified Command (UC) – NMDPS, NMDOH, NM Emergency Management Association (NMEMA).

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)

The NMDOH will operate in accordance with the NMDOH EOP authorities and procedures. Currently the Unified Command is at Phase 3 of the Pandemic Influenza alert standard. The

State of New Mexico Unified Command (NMDPS, NMDOH, and NMEMA) will adjust the alert level upon notification of change of the pandemic phase.

## **V. Specific Response Areas**

### **1. Pandemic Influenza Disease Surveillance**

#### **Interpandemic**

- NMDOH conducts influenza surveillance in New Mexico and collaborates with CDC for national influenza surveillance.
- NMDOH has determined that influenza surveillance includes outpatient influenza-like illness tracking, influenza related hospitalizations, influenza and pneumonia mortalities and laboratory surveillance (both rapid influenza testing and influenza viral isolation).
- NMDOH in collaboration with New Mexico's veterinarians and state and federal agencies performs veterinary influenza surveillance.

#### **Pandemic Alert**

- NMDOH will continue routine influenza surveillance, including human and veterinary influenza surveillance in collaboration with New Mexico's healthcare providers, veterinarians, and state and federal agencies.
- NMDOH will alert hospitals, emergency departments and all other healthcare providers regarding the increased risk (due to known person-to-person transmission) of a patient with a novel influenza strain presenting to their facility or practice.
- NMDOH will receive reports from Healthcare providers of all persons with potential travel-related exposure in a country with documented person-to-person of pandemic influenza transmission within the incubation period and clinical illness compatible with influenza to the Epidemiology and Response Division (ERD) immediately.
- NMDOH will assist healthcare providers in confirming the diagnosis of influenza in patients with compatible illness and history of likely exposure.

#### **Pandemic**

- NMDOH will conduct all routine influenza surveillance measures.
- NMDOH, depending on the supply of available antiviral agents, may require all clinical cases of influenza to be reported (some modeling studies suggest that treatment may be a more effective use of limited antiviral agents as opposed to prophylaxis).

### **2. Laboratory Diagnosis**

### **Interpandemic**

- The State Scientific Laboratory Division coordinates testing for influenza with laboratories throughout New Mexico.
- The State Scientific Laboratory Division will obtain laboratory-testing capacity (likely from CDC) as soon as possible after a novel influenza strain is identified.

### **Pandemic Alert**

- NMDOH Scientific Laboratory Division will continue to coordinate testing for influenza with laboratories throughout New Mexico.
- NMDOH Scientific Laboratory Division will provide guidance for laboratory testing in order to detect the novel influenza strain in New Mexico.

### **Pandemic**

- NMDOH Scientific Laboratory Division will continue to coordinate testing for influenza strains with laboratories throughout the state as necessary once the novel influenza strain is established in New Mexico.
- NMDOH State Scientific Laboratory Division will coordinate with CDC to monitor changes in the novel strain throughout the pandemic and to determine the end of the pandemic.

## **3. Healthcare, Medical and Mortuary Surge**

### **Interpandemic**

- NMDOH, in collaboration with Office of the Medical Investigator (OMI), will develop a medical and mortuary surge planning document using the functional components of the Modular Emergency Medical System (MEMS) adapted for New Mexico.
- NMDOH, through training, coordination, and technical assistance, will facilitate development of medical and mortuary surge plans using NM MEMS concepts within the health care infrastructure with specific emphasis on local integration and coordination.
- NMDOH, through training, coordination, and technical assistance, will facilitate development of continuity of operation plans (COOP) within the health care infrastructure with specific emphasis on local integration and coordination.
- As resources permit, NMDOH will provide materials, supplies, and fiscal support to assist local entities within the healthcare infrastructure to build healthcare, medical and mortuary surge capacity and sustainability.
- NMDOH will conduct assessments of health care resources, assets, capabilities, and needs.

- NMDOH will conduct a statewide health care vulnerability analysis.
- NMDOH will develop a plan for health care workforce augmentation that addresses issues of: licensure and credentialing; training; registration and tracking; deployment; and insurance.
- NMDOH will develop and maintain a bed tracking and health care.
- NMDOH will conduct and participate in exercises, drills, and evaluations.

### **Pandemic Alert**

- NMDOH will increase monitoring of hospital in-patient bed capacity and healthcare resources through EMS systems and other available mechanisms.
- NMDOH will update assessments of health care resources, assets, capabilities, and specific needs.
- NMDOH will develop a plan for and begin acquiring additional resources needed to support healthcare, medical and mortuary surge to include plan for implementation of Public Health Emergency Response Act to manage scarce health care resources.
- NMDOH will assist healthcare facilities in finalization of healthcare, medical and mortuary surge plans and continuation of operation plans.
- NMDOH, in collaboration with its partners, will initiate “just in time training” of health care workforce in preparation of imminent response.

### **Pandemic**

- NMDOH will implement previously arranged agreements with state’s healthcare insurers, including Medicaid.
- NMDOH will assist healthcare facilities in implementation of medical and mortuary surge plans and continuation of operation plans.
- NMDOH will apply the Public Health Emergency Response Act to manage scarce healthcare resources.
- NMDOH will participate in the coordination of patient transfers.
- NMDOH will deploy health professionals, if available, from NM Serves Registry.
- NMDOH will coordinate with OEM and Office of the Medical Investigator to determine morgue capacity and the need for forensic services.

- NMDOH will participate in the activation and utilization of non-hospital healthcare facilities for patient care as an augmentation of the existing healthcare infrastructure.

#### **4. Infection Control**

##### **Interpandemic**

- NMDOH and its partners issue guidelines for influenza control in acute care facilities, outpatient facilities, long-term care facilities, school and childcare facilities.
- NMDOH collaborates with the Association of Infection Control Practitioners (APIC) and the Society for Hospital Epidemiology (SHEA) to promote the appropriate influenza infection control standards of care in New Mexico.
- NMDOH acknowledges that hand washing and avoidance of contact with individuals with influenza infections are the first steps toward limiting the spread of influenza in communities.

##### **Pandemic Alert**

- NMDOH will issue updated influenza control guidelines for acute care facilities, outpatient facilities, long-term care facilities, school and childcare facilities, including recommendations for personal protective equipment and triage policies.
- NMDOH will provide educational information regarding appropriate strategies to reduce the risk of contracting influenza, including travel advisories to prevent exposure to areas with known person-to-person spread of a potential pandemic strain of influenza.

##### **Pandemic**

- NMDOH and its partners will issue updated guidelines for influenza control in acute care facilities, outpatient facilities, long-term care facilities, schools, childcare facilities and for the general public.

#### **5. Clinical Guidelines**

##### **Interpandemic**

- NMDOH, in collaboration with its partners, will develop guidelines and educational material for “Altered Standards of Care” during mass casualty events with specific emphasis on pandemic influenza.
- NMDOH, in collaboration with its partners, will review and adapt disease specific guidelines issued by the CDC, WHO, and other professional organizations.

- NMDOH, in collaboration with its partners, will develop clinical and epidemiological criteria for evaluation and management of suspected and confirmed cases of influenza.
- NMDOH, in collaboration with its partners, will develop ethics guidelines and educational materials, and support an “Ethics Committee”.
- NMDOH, in collaboration with its partners, will develop and conduct education programs for healthcare professionals on: 1) novel and pandemic influenza, 2) clinical practice during mass casualty events, 3) occupational health, and 4) emergency response principles.
- NMDOH, in collaboration with its partners, will develop and conduct education programs for the general public on: 1) novel and pandemic influenza, 2) infection control practices, and 3) home and self care of influenza patients.
- NMDOH, in collaboration with its partners, will prepare “Just in Time” educational materials for distribution during pandemic alert and pandemic for healthcare professionals and the general public.
- NMDOH, in collaboration with its partners, will develop, test, and drill delivery of “Just in Time” educational materials and “real time” distance clinical consultation using TeleHealth, internet, Poison and Drug Information Center, Health Alert Network, and other communications networks.

### **Pandemic Alert**

- NMDOH, in collaboration with its partners, will review and adapt guidelines issued by the CDC, WHO, and other professional organizations. Develop clinical and epidemiological criteria for evaluation and management of suspected and confirmed cases of influenza.
- NMDOH, in collaboration with its partners, will distribute “Just in Time” educational materials to health care professionals and the general public.

### **Pandemic**

- NMDOH, in collaboration with its partners, will review and adapt guidelines issued by the CDC, WHO, and other professional organizations.
- NMDOH, in collaboration with its partners, will develop clinical and epidemiological criteria for evaluation and management of suspected and confirmed cases of influenza.
- NMDOH, in collaboration with its partners, will distribute “Just in Time” educational materials to health care professionals and the general public.

- NMDOH, in collaboration with its partners, will support and facilitate the use of distance clinical consultation using TeleHealth, Internet, and other communications networks.
- NMDOH, in collaboration with its partners, will provide consultation and support to health care entities on the implantation of “Altered Standards of Care” during mass causality events.
- NMDOH, in collaboration with its partners, will utilize and consult with the “Ethics Committee”.

## **6. Vaccine and Antiviral Drug Distribution and Use**

### **Interpandemic**

#### **Vaccine**

- NMDOH and its partners issue guidelines on the use of influenza vaccine.
- NMDOH procures vaccine every year for the regular influenza season and manages NMDOH purchased vaccine distribution and administration.
- NMDOH promotes influenza vaccination to increase population immunity and prevent influenza morbidity and mortality.
- NMDOH promotes the use of pneumococcal vaccination in high-risk groups to reduce morbidity and mortality due to invasive pneumococcal disease following influenza infection.

#### **Antivirals**

- NMDOH and its partners issue guidelines on the use of influenza antiviral medications.
- NMDOH procures antiviral medication for use during the regular influenza season. NMDOH manages the distribution and use of its purchased antiviral medication.
- NMDOH promotes the use of antiviral medications for the prevention of influenza infection and for reducing symptom severity and duration when appropriate.

### **Pandemic Alert**

- NMDOH will update its partners regarding the pandemic alert phases and the status of the vaccine, and antiviral procurement and distribution plans.

#### **Vaccine**

- NMDOH will assure an order for purchase of pandemic strain vaccine as the vaccine becomes available.

- NMDOH will finalize the vaccine distribution plan upon notification of the quantity of vaccine to be delivered.
- *NMDOH and its partners will issue guidelines on the use of the pandemic influenza vaccine, including determination of the high-priority groups to target for first receipt of vaccine.*

### **Antivirals**

- NMDOH will place an order for antiviral medications to assure the delivery of as much medication as possible given the likely limited available supply of antiviral medication.
- NMDOH will finalize the antiviral distribution plan upon notification of availability and quantity of antiviral medications to be delivered.
- NMDOH and its partners will issue guidelines on the use of antiviral medications, including determination of the high-priority groups for first use of the antiviral medication.

### **Pandemic**

- NMDOH will notify its partners of pandemic phase changes and the status of the vaccine and antiviral procurement and distribution plans.
- NMDOH will issue a Public Health Order to regulate the purchase, sale, use and distribution of antiviral medications and pandemic influenza vaccine in New Mexico during a pandemic.
- NMDOH and its partners will update the guidelines on the use of the pandemic influenza vaccine and antiviral medications.
- NMDOH will coordinate the activation of Points of Dispensing sites (PODs); through its Public Health Division Regions will distribute vaccines and antivirals throughout the State.
- Additional services provided by the PODs may include: implementation of contact tracing and other surveillance activities; receipt of patients who are symptomatic from hospital emergency departments and primary care facilities; and, patient stabilization, patient education, psychosocial support and referral to outside mental health services, if indicated. Operation and management of the PODs will be in accordance with the NMDOH EOP Points of Distribution (POD) Annex and as a component of the NM MEMS.
- In the event that medical supplies and/or pharmaceuticals must to be moved or distributed throughout the State, security and transportation shall be requested by NMDOH and coordinated through the State Office of Emergency Management (OEM), Emergency Operations Center (EOC).

- NMDOH shall coordinate request for and receipt of the Strategic National Stockpile (SNS). Receipt of the SNS will be in accordance with the State's SNS Plan that resides in the NMDOH Office of Health Emergency Management.

### **Vaccine**

- NMDOH and its partners will confirm priority groups for target vaccination before pandemic influenza strain vaccine becomes available.
- NMDOH and its partners will implement the vaccine distribution plan when vaccine becomes available.
- NMDOH will monitor vaccine supply, distribution, vaccine adverse events and vaccine efficacy.

### **Antivirals**

- NMDOH will confirm the high-priority groups for first use of the antiviral medication.
- NMDOH will implement the antiviral medication distribution plan.
- *NMDOH will monitor antiviral medication supply, distribution, and efficacy in coordination with its partners.*

## **7. (Community) Disease Control and Prevention**

### **Interpandemic**

- NMDOH will review the Public Health Emergency Response Act (PHERA) to ensure that clear mechanisms are in place to enact the authorized actions, especially those pertaining to quarantine and isolation.
- NMDOH will review and revise, if necessary, the *NMDOH EOP Quarantine Annex*.
- NMDOH will work with healthcare partners and others to develop policies and procedures relating to pandemic influenza containment, including encouragement of voluntary social distancing statewide, identification of potential isolation and quarantine facilities, and evaluation and care of persons who have been isolated or quarantined. Development of policy will be based upon *NMDOH EOP Appendix 2: Pandemic Influenza Emergency Response, Attachment 8: Disease Control and Prevention*.
- NMDOH will work with health and non-health care partners to develop procedures for delivery of medical care, food, and other services such as psychosocial support to persons who are isolated or quarantined, and their families.
- NMDOH will review current agreements with partners such as the New Mexico Poison and Drug Information Center that provide hotline information services during emergencies and disasters. Call capacity and the range of services to be provided by each entity will be clearly defined. Identification of potential additional agencies that could provide hotline services statewide will be explored.

- NMDOH will prepare informational risk communication and protocol materials on pandemic influenza for risk and public information hotline services.
- NMDOH will prepare informational materials in all media formats designed to improve the public's understanding of pandemic influenza and the importance of disease control practices, including social distancing measures. Information will be disseminated via several delivery mechanisms including print, electronic and web access, public service messages via radio and television, personal speaking engagements, "town hall" meetings, and delivery through other public information strategies.

### **Pandemic Alert**

- NMDOH will notify partners of changes in pandemic phases.
- NMDOH will finalize policies and procedures relating to pandemic influenza containment, and confirm service expectations of partners who would be participating in response.
- NMDOH will adapt risk communication and public information materials for use during the pandemic.

### **Pandemic**

- Response actions related to quarantine and isolation will be in accordance with the *NMDOH EOP Quarantine Annex and NMDOH EOP Pandemic Influenza Emergency Response, Appendix 2, Attachment 8: Disease Control and Prevention*
- NMDOH will recommend the use of control measures such as individual contact tracing and quarantine as feasible and practical, depending upon the epidemiology of the pandemic.
- NMDOH will recommend the use of social-distancing measures individually, and within groups and communities.
- NMDOH will consider implementation of community-based containment measures, including closure of public buildings, cancellation of school and public events, depending upon the epidemiologic intelligence related to the pandemic.

## **8. Travel-related Disease Transmission and US-Mexico Border Crossing**

### **Interpandemic**

- NMDOH will develop protocols for managing ill arriving passengers identified by airlines and other interstate transportation services, in collaboration with the New Mexico Department of Public Safety, NM State Police, other law enforcement authorities, quarantine officers, statewide airport and transportation officials, and other partners

- NMDOH will assist the New Mexico Department of Agriculture concerning the prevention of importation of infected birds and animals.
- NMDOH will develop memoranda of agreements with appropriate hospitals to manage suspected influenza patients entering New Mexico
- NMDOH will establish agreements with emergency medical services and protocols for transport of patients to hospitals for isolation and evaluation.
- NMDOH and its partners will identify quarantine facilities for housing passengers, crew, emergency workers and any other persons who may have been exposed to an ill traveler.
- NMDOH and its partners, including sovereign American Indian populations and Mexico will establish protocols to restrict travel within the borders of the State during a pandemic.
- NMDOH will engage first responders, health care providers, legal authorities, CDC and other national and international groups to encourage pandemic influenza planning and response coordination, with an emphasis on the inclusion of Texas and Chihuahua.
- NMDOH will conduct and participate in exercises and drills along the NM US-Mexico Border relating to pandemic influenza response.

#### **Pandemic Alert**

- NMDOH will facilitate receipt and testing of specimens from Mexico, if required.
- NMDOH will monitor the CDC Travelers' Health website and the World Health Organization website for guidance and updates regarding international travel to countries affected by the emerging pandemic.
- NMDOH will notify the State EOC, healthcare partners, legal entities, airport authorities, and other partners concerning any change to a pandemic alert phase.
- NMDOH will activate protocols for managing arriving ill or exposed travelers.

#### **Pandemic**

- NMDOH with other partners will determine policy regarding control measures to decrease the spread of travel-related disease, depending upon the scope, severity, and epidemiology of the pandemic. Measures included in *HHS Pandemic Influenza Plan* (<http://www.hhs.gov/pandemicflu/>), *Supplement 9* will be used as guidance for decision-making.
- The NMDOH EOP NM US-Mexico Border Annex will provide guidance for the response along the US-Mexico border.

## **9. Health Communications and Information**

### **Interpandemic**

- *The HHS Pandemic Influenza Plan: Public Health Communications, Supplement 10* (<http://www.hhs.gov/pandemicflu/plan/sup10>) will be used as guidance for performing activities related to Health Emergency Communications and Information.
- NMDOH will develop public information and risk communication materials regarding pandemic influenza during all WHO pandemic phases, and establish protocols for review, approval, and dissemination of information. Emphasis will be on the unique aspect of pandemic influenza and what distinguishes it from seasonal influenza.
- NMDOH will distribute materials widely throughout the community that describe known facts about pandemic influenza and response planning that is being undertaken. Materials will be produced in English, Spanish, and other languages as appropriate for the New Mexico population.
- NMDOH will continue to collaborate with partners, particularly DPS OEM PIO, to develop, revise, and implement the risk communication and public information activities and plans.
- NMDOH will convene “town hall meetings” and other public forums to convey pandemic influenza response planning efforts, address rumors and false reports regarding pandemic threats, and listen to and assess public attitude and level of awareness.
- NMDOH will assess existing communications capacity and identify gaps. Assessment will include availability of human and fiscal resources, and availability and interoperability of telecommunications equipment. Proficiency of staff in the use of equipment will be assessed on an ongoing basis.
- NMDOH will exercise public information and risk communication protocols and procedures with its partners.
- NMDOH will maintain a website with current information, and ensure the Health Alert Network (HAN) is full operational and that messages will be received by the most appropriate individuals.
- NMDOH will plan and develop hotline capability, in-house and/or with existing partners, such as the State Poison and Drug Information Center to provide this service.

### **Pandemic Alert**

- NMDOH will alert its partners of changes in pandemic phases, and increase dissemination of information via the public media and other distribution channels. Health professional and other HAN recipients will receive a notification of the pandemic alert and information being disseminated by the CDC to this effect.

- NMDOH, in collaboration State Joint Information System (JIS), will provide timely and accurate public information on ways to access help (i.e., hotlines, local health care providers, etc.), and methods for self-help and personal protection, including psychological resources, stress and anxiety management, and hygiene procedures.

### **Pandemic**

- NMDOH will activate its emergency communication plan.
- NMDOH will monitor information from the CDC and refine statewide messages accordingly.
- NMDOH will work with State agency partners, local officials, and the public media to develop and ensure timely and accurate coordinated messages that addresses rumors and conveys the capacity of public and private health providers in a transparent manner.

## **10. Legal Considerations and Information Needs**

Legal considerations are in accordance with the New Mexico Department of Health Emergency Operations Plan, Annex 1: Direction and Control.

## **11. Psychosocial Support Services**

### **Interpandemic**

- NMDOH will include *NMDOH EOP Psychosocial Annex and Pandemic Influenza Emergency Response, Attachment 12: Psychosocial Considerations and Information Needs* in exercise and drills and recommend participation of behavioral health partners statewide.
- NMDOH will work with behavioral health partners through the Behavioral Health Collaborative to ensure that state and local level EOPs are in place, have been exercised, and can be activated upon notice of a change in pandemic phase.
- NMDOH will coordinate ongoing training in the principles of disaster mental health, various interventions such as psychological first aid, crisis response and others, to behavioral health providers and others involved in emergency response. Provision of Psychological First Aid (PFA) training will enhance the ability of those professionals to de-escalate agitated individuals and better manage the public's behavioral response to the emergency. PFA is defined by the Institute of Medicine as, "...a set of skills identified to limit distress and negative health behaviors that can increase fear, arousal and subsequent health care utilization."
- NMDOH will coordinate ongoing training in the principles of disaster mental health, various interventions such as psychological first aid, crisis response and others, to behavioral health providers and others involved in emergency response. Emphasis will be on the mental health effects unique to infectious disease events.
- NMDOH will work with NMDOH PIO to develop messages and information related to the mental health effects of a pandemic, the importance of personal stress

management, and where to seek additional assistance. NMDOH will also provided technical assistance to the media related to methods for delivering public health messages that will minimize fear and instill empowerment and community resiliency.

- NMDOH will maintain and augment recruitment for the *NM Serves Registry* of health professional volunteers and ensure that procedures for deployment of volunteers are up-to-date and understood by staff.
- NMDOH will provide ongoing information to other volunteer agencies about pandemic phase status and actions being taken by NMDOH to prepare for pandemic alert and pandemic.

### **Pandemic Alert**

- NMDOH will communicate changes in pandemic phases to all partners.
- NMDOH will increase training activities, as indicated, to ensure a diverse and large number of individuals are familiar with the psychosocial needs likely to occur during a pandemic.
- NMDOH and local partners will widely distribute psycho-educational materials throughout the community that address the psychosocial health impact of the pandemic event, strategies for coping with loss, fear and anxiety, and how to seek assistance.
- NMDOH will work with other health volunteer agencies, especially those providing behavioral health services, i.e., American Red Cross, faith-based organizations, Medical Reserve Corps, and others to coordinate, standardize, and unify behavioral health messages and strategies.
- NMDOH and partners will distribute guidelines for assessment, intervention, triage and referral of acute behavioral crises to behavioral health professionals.

### **Pandemic**

- NMDOH will coordinate psychosocial services, including psychological first aid, crisis intervention, Critical Incident Stress Management (CISM), and referral to long-term behavioral health services for first responders and the public.
- NMDOH response will be in accordance with *NMDOH EOP Appendix 2: Pandemic Influenza Emergency Response, Attachment 11: Psychosocial Considerations and Information Needs*.

### **Other**

- NMDOH will utilize and promote the *NMDOH EOP Appendix 2: Pandemic Influenza Emergency Response, Attachment 12, Ethics Guidance* for decision-making.
- NMDOH Information Technology Services Division (ITSD), in collaboration with partners will develop and implement Data Management Policies and Procedures. (Data Management activities are under further development).

## **VI. Organization and Responsibilities**

Organization and responsibilities will be In Accordance With (IAW) the NM Department of Health, Emergency Operations Plan. Additional roles and responsibilities are defined below, specific to an event of a Pandemic Influenza outbreak.

### **New Mexico Department of Health**

#### **A. Office of the Secretary**

1. Identify and plan for continuation of essential services during all phases of a pandemic influenza outbreak.
2. Develop public information messages regarding influenza; coordinate the release of public information through the joint information system (JIS). (Public Information Officer [PIO]).
3. Review state statutory provisions regarding: (Office of General Counsel [OGC])
  - a. Quarantine and how they apply in a public health emergency
  - b. Mandatory vaccination during an infectious disease emergency
  - c. Procedures for closing businesses and/or schools and suspending public meetings during a declared public health emergency
  - d. Medical licensure, liability and compensation laws for *NM Serves Registry* workforce
  - e. Workers' compensation as applied to health care workers and other essential workers who have taken antivirals for prophylaxis
4. Review policies and procedures addressing duty to act, duty to report, allowing employees to work from home, worker safety and health/protection, and other relevant documents. (Administrative Services Division [ASD]).

#### **B. Epidemiology and Response Division**

##### Infectious Disease Epidemiology Bureau:

1. Monitor weekly reports from WHO and CDC regarding circulating strains of influenza virus to determine current pandemic phase.
2. In collaboration with Public Health Division Regional staff, conduct sentinel surveillance for influenza-like illness in New Mexico.
3. Monitor reports of influenza strains isolated in-state.
4. Conduct surveillance for influenza and pneumonia deaths.
5. Participate in the revision of the pandemic influenza plan.
6. Participate in exercises and drills of the pandemic influenza response plan.
7. Develop recommended influenza treatment protocols and infection control guidelines, distribute to healthcare facilities and other public settings.

8. In collaboration with NMDOH OHEM and the Public Health Division Regions, develop data entry forms and database for coordinated collection of information during pandemic response.
9. In collaboration with NMDOH OHEM, enhance surveillance for impact of influenza in New Mexico. In addition to on-going surveillance, assess the impact on bed-availability throughout the state, number of hospitalizations for influenza related conditions and absenteeism in certain industries or sectors.
10. Maintain contact with CDC.

Vital Records and Health Statistics Bureau:

1. Provide data to Infectious Disease Epidemiology Bureau on influenza and pneumonia deaths.
2. Develop and implement plans for providing timely death certification during a pandemic when it is likely that there will be staff shortages and an increase in the number of deaths. Utilize E-Vitals Program for web-based resource.
3. Provide death certificates.

Office of Health Emergency Management:

1. Provide training and education on the response plan for public health and medical staff, other health care providers and first responders.
2. Conduct exercises and drills of the response plan for NMDOH staff to include the Points of Distribution (POD) plan for mass vaccination; revise plans as necessary.
3. In collaboration with the NMDOH PIO, develop public information and risk communication messages regarding pandemic influenza and related health care issues.
4. Provide overall state coordination of pandemic influenza response under the State Office of Emergency Management Incident Command Structure, in coordination with local emergency managers and health care system providers.
5. Coordinate the request of the Strategic National Stockpile and/or Vendor Managed Inventory, if indicated and available.
6. Coordinate the Mobile Medical Field Hospital Resources to be set up at an alternate health care site, if needed and available.
7. Coordinate and develop messages to be distributed to providers and other responders through the Health Alert Network (HAN), including CityWatch.
8. Coordinate and monitor *EMSystems®* for managing health and medical assets during a pandemic.

**C. Scientific Laboratory Division**

1. Provide viral isolation testing and serotyping using current CDC protocols.
2. Provide technical support to other laboratories in the state during influenza season.
3. Forward any specimens that cannot be serotyped to CDC.
4. Provide support for transporting specimens to SLD and will forward specimens to CDC when necessary.

5. Monitor reports of influenza strains isolated in-state.
6. Provide training to laboratories around the state on protocol for handling laboratory specimens prior to and during pandemic in New Mexico.
7. Provide rapid testing for pandemic strain of influenza when available.
8. Forward specimens to CDC as needed during the pandemic.
9. Provide guidance to laboratories around the state on testing and handling specimens during a pandemic.

#### **D. Public Health Division and Regions**

1. Assist in the conducting of sentinel surveillance for influenza-like illness.
2. Assess resources for acquisition/distribution of PPE and other medical supplies.
3. Review legal authorities related to acquisition and distribution of resources, isolation and quarantine, and worker health and safety/protection, etc.
4. Maintain plans and MOUs for Points of Dispensing (POD) sites.
5. Conduct exercises and drills of the response plan for public health staff to include POD plan for mass vaccination, in collaboration with NMDOH OHEM.
6. In collaboration with Infectious Disease Epidemiology Bureau (IDE Bureau), develop data entry forms and database for coordinated collection of information during pandemic response.
7. Provide outreach and education to hospital, health care providers and others on the pandemic influenza plan.
8. Provide pneumococcal vaccine to persons as appropriate.
9. Establish POD sites; assist in the monitoring of vaccine and antiviral inventory and their distribution.
10. Provide support to the NMDOH Department Operations Center.

#### **E. Behavioral Health Services Division**

1. In conjunction with NMDOH OHEM, develop a plan for psychosocial response
2. In conjunction with NMDOH OHEM, provide training in psychosocial response
3. In conjunction with NMDOH OHEM, coordinate psychosocial response statewide.
4. In conjunction with NMDOH OHEM, participate in and assist with management of *NM Serves Registry*.
5. Provide support to the NMDOH Department Operations Center.

#### **F. Information Technology Services Division**

1. Based on requirements provided by IDE Bureau, NMDOH OHEM and the PHD Regions, develop a database for coordinated collection of information during pandemic response

2. Provide support to the NMDOH Department Operations Center and PHD Regions and local health offices throughout the response.

### **G. Health System Organizations**

#### Office of the Medical Investigator:

1. Conduct surveillance for unexpected deaths that could potentially be due to a novel influenza strain. All findings are reported to IDE Bureau, ERD.
2. Collaborate with hospitals and funeral directors to identify resources available to deal with an increase in the number of deaths.
3. Provide autopsy and diagnostic services on potential cases of influenza, as necessary.
4. Coordinate with hospitals and funeral directors to assure safe handling of bodies to include request of refrigerated trucks if needed to hold bodies until they can be interred.

#### Hospital and Health Systems (including Emergency Medical Services):

1. Develop and implement plans for managing medical and public health surge using the NM MEMS model to create capacity to provide for alternative inpatient and outpatient care, mass prophylaxis, patient transport, community outreach, and unified medical command.
2. Monitor employee health and assure appropriate follow-up for employees exposed to patients with influenza.
3. Assure that appropriate infection control procedures are followed by staff and patients.
4. Participate in after-incident evaluations for response improvement.

### **VII. Appendix Development and Maintenance**

The Pandemic Influenza plan will be updated as needed by the Epidemiology and Response Division, Office of Health Emergency Management, in collaboration with the Executive Committee for Pandemic Influenza Preparedness, which includes, but is not limited to:

1. NMDOH, Epidemiology and Response, Division Director and State Epidemiologist
2. Infectious Disease Epidemiology, Bureau Chief
3. Public Health Division, Infectious Disease Bureau, Immunization Program Manager
4. Public Health Division, Director
5. NMDOH, Chief Medical Officer
6. Public Health Division, State Pharmacist
7. Public Health Division, Regional Health Officers
8. State Laboratory Division, Director
9. NMDOH Public Information Officer
10. NMDOH Office of Health Emergency Management (NMDOH OHEM), Director
11. Office of General Counsel, General Counsel
12. NMDOH OHEM Exercise/Emergency Planner/SNS Program Manager
13. New Mexico Emergency Management Association, President
14. Office of Emergency Management, Director
15. Governor's Office of Homeland Security, Director
16. New Mexico Hospitals and Health Systems Association, President and CEO
17. NMDOH Behavioral Health Services Division, Director

The Executive Committee will develop, review, exercise, improve and coordinate the *Pandemic Influenza Emergency Response, Appendix 2*, in collaboration with stakeholders outside of NMDOH, in the private and public sector, including infectious disease practitioners and physicians, hospital and health care systems, local health care providers, local Emergency Managers, health emergency planners, law enforcement, and tribal communities.

### **Attachments**

1. Pandemic Influenza Surveillance
2. Laboratory Diagnosis
3. Healthcare Planning
4. Infection Control
5. Clinical Guidelines
6. Vaccine Distribution and Antiviral Distribution
7. Community Disease Control and Prevention
8. Managing Travel-Related Risk of Disease Transmission
9. Public Health Communication
10. Checklist of Legal Considerations for Pandemic Influenza
11. Psychosocial Considerations and Information Needs
12. Ethics Guidance and Matrix
13. Preliminary identification of priority groups for influenza vaccination and antiviral medications when supplies are inadequate to cover the population (under development)
14. Alternate Standards of Care (under development)
15. New Mexico Modular Emergency Medical System (NM MEMS)