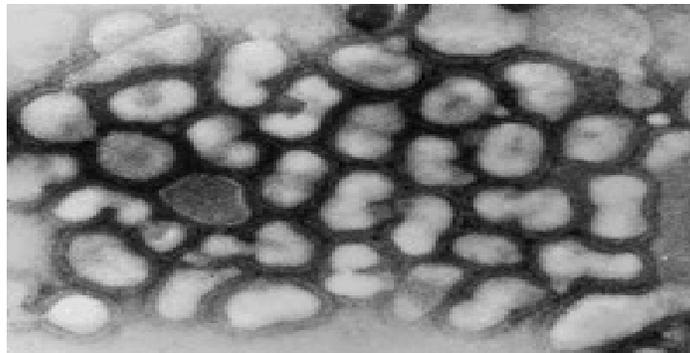




**Oregon Emergency Management Plan  
Annex F:  
Health and Medical Services**

**Communicable Disease  
Hazard Plan: 4.1  
Pandemic Influenza**



**January 2005**

# Table of Contents

- I. Purpose and Authority
- II. Situation and Assumptions
  - Situation
  - Assumptions
- III. Concept of Operations
  - a. Components of Response
    - 1. Surveillance
    - 2. Vaccines and Antiviral Medication
    - 3. Optimization of Community Response
    - 4. Laboratory Response
    - 5. Communications
  - b. Phases of international pandemic
- IV. Roles and Responsibilities
  - a. Federal
  - b. State
  - c. Local
- V. Responsibilities by Pandemic Phase
  - a. Interpandemic pandemic phase
  - b. Novel Virus Alert Phase
  - c. Pandemic Alert Phase
  - d. Pandemic Imminent Phase
  - e. Pandemic Phase
  - f. End of First Wave
  - g. Second Wave Phase
  - h. Pandemic Over Phase

Attachment 1 Influenza Vaccine Prioritization Plan

Attachment 2 Influenza Vaccine Standing Orders

Attachment 3 Antiviral Agents and Prioritization Plan

Attachment 4 Antiviral Standing Orders and Algorithm

Attachment 5 Links to state, federal, and WHO influenza information

Note: This appendix is part of Annex F of the State Emergency Management Plan, and should be use in conjunction with other appendixes. It is not a stand alone plan.

Attachment 6 Laboratory protocols

Attachment 7 Community Containment Measures

Attachment 8 Clinician guidelines for triaging flu patients

Attachment 9 Templates for communications to the public and media

Attachment 10 Communications

Attachment - Templates for communications to health care workers -under development

### **Standard Operating Procedures**

SOP H 4.1.1. – Storage, security, and transportation of vaccine

Draft

Key Partners and groups collaborating in development of Oregon Pandemic Influenza Plan:

Oregon Society of Health System Pharmacists

Oregon State Pharmacists Association

Hospitals

Oregon State Police

Oregon Association of Hospitals and Healthcare Systems

Oregon Office of Emergency Management

City/county/tribal emergency management

Utilities

Oregon Funeral Directors Association

Department of Human Services

Oregon Medical Association (OMA) and Oregon Board of Medical Examiners (OBME)

Oregon Geriatric Society

Oregon Nurses Association and Oregon Board of Nursing

## **I. PURPOSE AND AUTHORITIES**

### **Purpose:**

The purpose of the Oregon Pandemic Influenza Preparedness Plan is to lessen the impact of an influenza pandemic on the residents of Oregon by providing a guide for the State of Oregon and Local Health Departments (LHD). This plan focuses on elements unique to pandemic flu. Wherever response is not unique to pandemic influenza, but is typical of response to any communicable disease or other public health emergency, reference will be made to the State of Oregon Emergency Management (OEM) Plan: Annex F, Health and Medical Services, Base Plan. Annex F, Functional, Hazard appendices and related SOP's can be found on the Health Alert Network (HAN) website or by request to Oregon Health Services (OHS), Public Health Preparedness (PHP) program.

### **Authorities:**

Authorities for this plan can be found in State of Oregon Emergency Management Plan, Annex F, Health and Medical Services, Base Plan and Attachment 7 of this plan.

## **II. SITUATION AND ASSUMPTIONS**

### **Situation:**

Influenza is a contagious disease with the potential to cause widespread infection in all age groups across the globe. Pandemics occur intermittently because the influenza virus can change into new sub-types to which most people have little or no immunity. Influenza pandemics have occurred three times in the 20<sup>th</sup> century, (1918, 1957, and 1968); an estimated 20 million deaths occurred worldwide in the 1918 pandemic. Huge outbreaks of avian influenza in poultry in Asia began in 2003; small numbers of severe human cases from the avian strain underscore the need to plan for an influenza pandemic.

The Centers for Disease Control and Prevention (CDC) estimates that the impact of an influenza pandemic on Oregon's 3.4 million population (2000 census data) could include as many as 800,000 persons ill, 9,700 hospitalized, and 2,300 deaths.

### **Assumptions:**

This plan makes the following assumptions about the capacity and activities of other organizations:

#### **WHO**

- The World Health Organization (WHO) will notify CDC and other national health agencies of progress of the pandemic.

## CDC

- Announce the beginning and end of the various phases of a pandemic in the US.
- Maintain a national information clearinghouse accessible on the Internet.
- Develop generic guidelines and information templates that can be modified or adapted as needed at the state and local levels,
- Communicate information and guidance regarding influenza vaccine, antivirals, virology, clinical features, infection control, community containment and national response to the pandemic.
- Assist state and local authorities with media relations and communication.

## State of Oregon

- Adequate communicable disease staff is available at the state and local levels for surveillance and communication.
- The Governor, the Oregon State Public Health Officer, and state public health staff will be available to manage health and medical support requirements including:
  - Proclaiming an impending state public health crisis or a state of emergency
  - Issuing new communicable disease reporting requirements
  - Issuing and enforcing guidelines for use of vaccine and antiviral agents
  - Requesting a presidential declaration of major emergency

## Oregon Local Health Departments

- Local Health Departments' emergency plans have extensive information about local population, geography, resources and response capability.
- Local jurisdictions will assist with communication in their communities.
- Surge capacity may require a temporary redirection of personnel and financial resources from other programs.

While much of the response to pandemic flu would be similar to other communicable respiratory diseases, some characteristics will create unique challenges for public health preparedness, emergency response, and public safety. Challenges include:

- Experts consider influenza pandemics to be inevitable, but unpredictable in timing.

- There may be very little time between the identification of a novel influenza strain and onset of outbreaks in the United States (U.S).
- Outbreaks are expected to occur simultaneously throughout much of the U.S., limiting mutual aid of human and material resources that normally occurs with other natural disasters.
- The public health response to influenza will be prolonged, possibly lasting more than a year.
- Vaccine is unlikely to be available at the onset of a pandemic and might not be widely available for many months.
- When vaccine does become available, individuals will probably need 2 doses, 30 days apart, to achieve optimal protection.
- Certain Pharmaceuticals, especially influenza antiviral agents and antibiotics to treat secondary infections will likely be in short supply.
- Health-care workers and other first responders will be at risk of illness which will further degrade the capacity to care for victims.

### **III. CONCEPT OF OPERATIONS**

The State of Oregon Emergency Management Plan, Annex F, Health and Medical, Base Plan contains detailed information on incident management, federal, state and local response systems. In the case of a pandemic, State Public Health would use the base plan concept of operations to manage the event.

**Components of response** The Public Health Preparedness program will support all other health programs during response. For more detail, see Annex F, base plan, functional appendix 3 and the roles and responsibilities section of this appendix. This plan describes the state and local public health responsibilities for the following elements:

#### **1. Surveillance:**

Surveillance is key to recognizing a new strain of influenza at its source, determining its potential for transmission, and tracking its spread. The CDC and World Health Organization will coordinate US and international surveillance respectively. Alerts on the various pandemic phases will come from World Health Organization and the CDC to Oregon's Acute and Communicable Diseases Program(ACDP).

Although influenza is not a reportable disease in Oregon, clinicians may report case clusters to local health departments or to the state Acute and Communicable Disease Program. Should an influenza pandemic occur, reporting requirements, particularly for influenza associated severe disease and death may change. During the routine influenza season (October through May), the Acute and Communicable Disease Program collaborates with hospitals, laboratories, and individual health-care providers to obtain information about the occurrence of influenza. The current influenza surveillance system consists of two components.

a. Voluntary laboratory report based reporting for influenza comes from five sources in the Portland Metropolitan area to the DHS Acute and Communicable Disease Office.

Note: This appendix is part of Annex F of the State Emergency Management Plan, 7 and should be use in conjunction with other appendixes. It is not a stand alone plan.

Two laboratories (OSPHL and Providence Portland Infectious Disease Laboratory) report results of influenza and other respiratory viruses on a weekly basis. Infection Control Practitioners at 3 hospitals (Oregon Health and Sciences University Emanuel Legacy, Northwest Kaiser Permanente) report influenza results from their respective laboratories. Information from these sources is tabulated weekly during the influenza season and the results disseminated via email, web-posting, and mailed monthly reports.

b. Sentinel providers (approximately 20) are recruited annually from different regions of the state to report the number of patients with influenza-like illness examined from October-May. The Oregon State Public Health Laboratory (OSPHL) provides these clinics with specimen-collection kits for virologic testing; they are encouraged to submit several specimens at the beginning, the middle, and end of the influenza season (October through May), as well as any time they see an unusual case or trend. Information from sentinel physicians is sent to the CDC and ACDP and is posted on the communicable disease web-site.

## **2. Vaccine and Antiviral Medication:**

Historically, inactivated influenza vaccine has been the cornerstone of influenza prevention and control and will likely remain so in a pandemic. The DHS Immunization Program will lead the State response to vaccine shortage related issues. Although antiviral agents are available for the therapy and prophylaxis of influenza infections, limited supply/production capacity and antiviral resistance may dampen the value of this potential intervention. The Immunization Program and the Acute and Communicable Disease Program will jointly lead the state response to shortages of influenza antiviral agents.

## **3. Optimization of Community Response:**

In the event of an influenza pandemic, disease is likely to be widespread, affecting not only those traditionally recognized as being at high risk for severe infection, but also providers of essential community services such as health care, law enforcement, sanitation, and utilities. Cooperation between different agencies and jurisdictions will optimize the response to maintain critical community services and adapt to changes in resource availability and the severity of threat from influenza.

## **4. Laboratory Response:**

The Oregon State Public Health Laboratory will be called on to confirm flu cases and to subtype the isolates by working closely with the 62 Oregon private labs that are part of the Laboratory Response Network.

**5. Communications:** Timely, accurate, consistent and seamless communication among the various partners who will play a role in responding to a pandemic flu outbreak is essential to protecting the lives of Oregon's citizens. Additionally, appropriate risk communications with the public will improve preparedness for all Oregonians. (See Annex F, Functional Appendix 1, Public Health Communications and Appendix 10.6 Communication around Outbreaks). The public information response described in S.O.P.

1.1.2 may be accelerated depending on the geographic location of the cases and the level of public anxiety surrounding an impending influenza pandemic.

### **Pandemic Phases**

In 1999 the WHO defined eight phases of an influenza pandemic(see table below). During the interpandemic period (Phase 0) planning activities would predominate during level 0 while response activities would need to be established by level 3.

### **WHO influenza pandemic phases**

<b>Phase</b>	<b>Level</b>	<b>Definition</b>
<b>0 Inter- pandemic Phase</b>	0	Epidemic influenza viruses circulate in human populations causing yearly outbreaks; no evidence that a novel influenza virus has infected humans
	1	<i>Novel Virus Alert:</i> Identification of a novel influenza virus in a person
	2	Confirmation that the novel influenza virus has infected two or more people, but the ability of the virus to spread rapidly person-to-person and cause multiple outbreaks of disease leading to epidemics remains questionable.
	3	<i>Pandemic Alert:</i> Confirmation of person-to-person spread in the general population with at least one outbreak lasting for more than 2 weeks in one country
1		Confirmation that the novel influenza virus is causing several outbreaks in one country and has spread to other countries, with consistent disease patterns indicating serious morbidity and mortality is likely in at least one segment of the population
2		Outbreaks and epidemics are occurring in multiple countries and spreading across the world
3		End of the first wave of the pandemic
4		Confirmation of a second or later wave caused by the same novel virus strain
5		Confirmation that the pandemic has ended

## **IV. ROLES AND RESPONSIBILITIES**

### **Federal**

Agencies of the federal Department of Health and Human Services (DHHS) have assumed primary responsibility for a number of key elements of the national pandemic influenza plan, including:

- Coordinating national and international surveillance, laboratory support and reagent development and distribution (CDC)
- Research on influenza and influenza vaccine (CDC, FDA, National Institute of Health (NIH))
- Assessing the need for and scope of a suitable liability program for vaccine manufacturers and persons administering the vaccine (HRSA)
- Developing a national "clearinghouse" for vaccine availability information, vaccine distribution, and redistribution (CDC).
- Developing a vaccine efficacy and adverse events surveillance system (CDC)
- Lead communication with states and other public health agencies (CDC)

The many other federal roles in pandemic response are outlined in the DHHS DRAFT August 2004 *Pandemic Influenza Preparedness and Response Plan: Core Document* (<http://www.dhhs.gov/nvpo/pandemicplan/finalpandemiccore.pdf>)

### **State**

Oregon Department of Human Services staff will assume appropriate incident management roles under the leadership of the Governor (see Annex F, Functional Appendix 3.1). Unified command systems may include local, state and federal agencies. Some state agencies will support local service delivery; the Acute and Communicable Disease Program will lead state-wide surveillance activities and the Immunization Program will lead vaccine and antiviral related activities.. The DHS Agency Operations Center will coordinate with the State Emergency Coordination Center to provide the Local Health Departments the support they request.

Specific responsibilities for state public health services staff for pandemic flu include:

- Monitoring and distributing information from WHO and CDC.
- Determining disease reporting requirements.
- Disease surveillance in cooperation with local health departments, hospitals, and healthcare systems.
- Influenza laboratory testing
- Managing and distributing support and supplies from the federal government, including the Strategic National Stockpile (vaccines and antivirals) to local health departments.
- Developing and publicizing vaccine use guidelines and facilitating vaccine distribution.

Note: This appendix is part of Annex F of the State Emergency Management Plan, and should be use in conjunction with other appendixes. It is not a stand a lone plan 10

- Creating and maintaining current and consistent messages and information for the news media, the public, health care workers and, other partners.

## **Local**

The Local Health Departments are responsible for “on the ground” work including:

- Disease surveillance and community interventions in collaboration with DHS ACDP
- Coordinating the dispensing of pharmaceuticals and vaccines to the public.
- Facilitating cooperation among all local involved parties (e.g., government officials, emergency responders, health experts, industry, and the public)
- Possible isolation of symptomatic victims and quarantine of exposed individuals.
- The Local Health Departments will contact the state Emergency Coordination Center through the department's county Emergency Operations Center when it needs additional resources.

## **V. RESPONSIBILITIES BY PANDEMIC PHASE**

Within Oregon Department of Human Services (DHS) the following groups will respond to Pandemic influenza.

Acute and Communicable Disease Program  
 Public Health Preparedness  
 Immunization Program  
 Oregon State Public Health Laboratory  
 Public Health Communication

All activities are pursued in coordination with local health authorities across the state. In the sections that follow, only new activities are noted in the specific pandemic phases; pertinent activities continue through the pandemic as long as needed.

**Pre-pandemic Phase 0, level 0** The activities listed below are routine during inter-pandemic years.

### **Acute and Communicable Disease Program**

- Compile weekly, lab-based reports of influenza and other respiratory virus isolations and detections. Publicize the start and end of influenza season in Oregon.
- Monitor and publicize Oregon sentinel physician reports.
- Investigate influenza outbreaks in collaboration with LHDs.

Note: This appendix is part of Annex F of the State Emergency Management Plan, and should be use in conjunction with other appendixes. It is not a stand a lone plan 11

- Annually update Pandemic influenza plan.
- Disseminate influenza information to local health departments, licensed health professionals, and other key partners through the following channels:
  - Current Disease Summary, a biweekly newsletter to all licensed physicians in Oregon plus other interested parties.
  - Monthly Communicable Disease surveillance report.
  - DHS ACDP web site  
[www.dhs.state.or.us/publichealth/acd/docs/influenza.cfm](http://www.dhs.state.or.us/publichealth/acd/docs/influenza.cfm)

### **Public Health Preparedness**

- Develop and maintain plans and systems to coordinate deployment of public health emergency resources with local, state, federal and non-governmental organizations and the private health care system.
- Coordinate regional planning to improve the capacity of hospitals and health care systems to respond to pandemic influenza.
- Develop and maintain plans to ensure response to pandemic influenza and delivery of the Strategic National Stockpile.
- Maintain systems to support state and local public health emergency response, including:
  - Public health incident management by the State Public Health Officer or designee.
  - The state public health Agency Operations Center (AOC).
  - Providing state public health preparedness liaison to the state Emergency Coordination Center (ECC) when it is activated in Salem.
  - The Health Alert Network.
  - Risk communications capacity, including fast activation of public information contracts with broadcast media.
- Develop and conduct pandemic influenza exercises and other emergency response training in coordination with state and local public health programs with operational responsibility for response.
- Coordinate public health pandemic influenza preparedness with appropriate state and local agencies, including the Office of Homeland Security, state Office of Emergency Management, Oregon State Police and the National Guard.

### **Immunization**

- Review Oregon Vaccine Adverse Event Reporting System(VAERS) reports from the public sector.

Note: This appendix is part of Annex F of the State Emergency Management Plan, and should be use in conjunction with other appendixes. It is not a stand a lone plan 12

- Work to improve influenza and pneumococcal vaccination coverage rates in traditional high-risk groups and particularly in subgroups with poor coverage in past.
- Review current systems to rapidly identify priority populations at the local level
  - Healthcare workers
  - Essential community workers
  - First responders
  - High risk by age or medical condition, including pregnancy
- Review process needed to enact emergency rules including the Oregon Vaccine Education and Prioritization Plan
- Identify systems in the public and private sectors to track administered doses of vaccine and recall those due for a second dose, if indicated.
- Secure funding to enhance existing public health immunization tracking systems (Alert, Smallpox registry, IRIS)
- Ensure that infrastructure exists for emergency distribution of unlicensed vaccines using emergency Investigational New Drug provisions in coordination with CDC.
- Develop or adapt existing protocols for mass vaccination clinics.
- Review existing training materials and modify for persons who do not normally administer vaccine, but will be enlisted to do so in a pandemic, as authorized by ORS 401.651 to 401.670.

### **Oregon State Public Health Laboratory**

- Offer free influenza virus culturing each year
- Annually characterize the antigenic subgroup of a sample of influenza isolates (done at OSPHL or sent to CDC)

### **Public Information**

- Continue to develop policies, procedures and mechanisms for providing public information before, during and after a pandemic influenza outbreak, as described in detail in Annex F, Functional Appendix 1, public health communications, S.O.P. F1.1.1 and Appendix 10.6 communication concerning outbreaks.
- Develop communication materials for healthcare workers and other emergency response partners, the media and public about:
  - Vaccine availability and prioritization in settings of no, moderate, and severe shortages, and

Note: This appendix is part of Annex F of the State Emergency Management Plan, and should be use in conjunction with other appendixes. It is not a stand a lone plan 13

- Appropriate use of antiviral medications.
- Package and distribute educational materials for the public, health professionals, and the media for reporting adverse events for antiviral medications using MedWatch and for vaccine using VAERS.

### **Local Health Departments**

- Identify vaccine distribution points for mass immunization.
- Enhance existing partnerships to identify at-risk, hard-to-reach individuals and define infrastructure needed to vaccinate these populations (homebound, homeless, poor, uninsured, immigrants or isolated groups).
- Improve current systems to rapidly identify priority populations who meet anticipated high-risk criteria
  - Healthcare workers
  - Essential community workers
  - First responders
  - High risk by age or medical condition, including pregnancy
- Maintain plan for illness surveillance at ports of entry and develop a plan for isolation and supportive care of those entering Oregon who are ill.
- Evaluate plans through exercises and address gaps in relationships with key government/jurisdictional and private partners.
- Establish appropriate policies, procedures and mechanisms for joint public information planning.
- Identify key internal and external stakeholders and establish clear channels of communication with each.
- Maintain an on-call 24/7 and call-down protocol for sharing information about public health emergencies.

### **Roles of other Associations and Agencies**

**Oregon Society of Health System Pharmacists** - Collaborate with public health agencies to distribute vaccine and antivirals during periods of shortage.

**Oregon State Pharmacists Association** - Consider development of vendor agreements to streamline acquisition of antiviral medications. Collaborate with public health agencies to distribute vaccine during periods of shortage.

Note: This appendix is part of Annex F of the State Emergency Management Plan, and should be use in conjunction with other appendixes. It is not a stand a lone plan 14

**Hospitals** - Identify methods to address shortfalls in hospital preparedness, including any planning needed to preserve essential emergency department functions. Maintain a contingency plan to obtain critical supplies, durable medical equipment and pharmaceuticals. Develop a plan to vaccinate high risk employees during periods of vaccine shortage.

**Oregon State Police** - Provide security for storage areas and transportation as needed.

**Oregon Association of Hospitals and Healthcare Systems** - Plan and conduct training exercises to simulate pandemic caseload and related issues.

**Oregon Department of Homeland Security, Office of Emergency Management** - Coordinates the use of state assets during an emergency.

**City/county/tribal emergency management** - Identify agencies and personnel that provide essential community services, and develop a plan to maintain services throughout the phases of a pandemic. Maintain plan for essential support (food, water, medications, health care) for homebound, and a list of potential service providers to mobilize in an emergency.

**Utilities** - Encourage agencies that provide essential community services to maintain lists of retired staff who could be mobilized to maintain services if current staff becomes incapacitated. Develop vaccination priority lists of employees who would be essential to maintain services during an influenza pandemic.

**Oregon Funeral Directors Association** - Review mortuary service plan for mass casualty situation, to include a mechanism to alert mortuary staff of potentially infectious bodies.

**Department of Human Services** - Develop plans for care of orphaned children.

**Oregon Medical Association(OMA) and Oregon Board of Medical Examiners(OBME)** - Assess status of integrated communication systems allowing timely contact with clinicians, infection control professionals, local health departments and hospital administrators.

**Oregon Geriatric Society** – establish communication capability with this group caring for high risk citizens.

**Oregon Nurses Association and Oregon Board of Nursing** - Confirm existence of integrated communication system allowing timely contact with nurses.

Note: This appendix is part of Annex F of the State Emergency Management Plan, and should be use in conjunction with other appendixes. It is not a stand a lone plan 15

**b. Novel Virus Alert Phase 0, levels 1 and 2** Novel virus detected in one or more humans. Little or no immunity in the general population. Potential, but not inevitable, precursor to a pandemic.

### **Acute and Communicable Disease Program**

- Monitor domestic and international surveillance reports pertaining to the clinical spectrum, secondary attack rates, treatment, and risk factors for infection, severe disease, and death.
- Assemble fact sheets for health care professionals about the novel virus, diagnosis and treatment.
- Notify Local Health Departments, Infection Control Professionals, physicians, hospitals, health systems and other relevant health care professionals and associations including those responsible for special populations such as Senior and Disabled Services, Indian Health Service(hereafter referred to as public health partners) of the Novel Virus Alert through the Health Alert Network, CD summary and web postings.
- Communicate with Seattle Quarantine Station regarding procedures for detecting novel virus importation
- If the alert occurs outside of the normal October-May influenza surveillance season:
  - i. Ask collaborating laboratories and hospitals, to consider the steps that would need to be taken to activate the influenza surveillance system
  - ii. Ask sentinel physicians to be prepared to begin reporting to CDC (During normal influenza season, these surveillance systems will already be active.)

### **Public Health Preparedness**

- Notify Oregon Office of Emergency Management (OEM), other pertinent government officials and state legislators of the Novel Virus Alert Phase and potential need for additional resources
- Notify Oregon Association of Hospitals and Healthcare Systems of the Novel Virus Alert.
- Consider conducting a pandemic influenza emergency exercise to test all or a portion of the state's capacity to accept large quantity of vaccine; store and handle vaccine; set up and administer vaccine; educate the public, media, and medical providers. (See Annex F, Functional Appendix 2 - Strategic National Stockpile Plan for state and local roles and exercise information.)
- Notify Oregon Nurses Association and the Oregon Medical Association, to identify healthcare workers willing to provide care and administer vaccine in a pandemic influenza emergency (Annex F, Functional Appendix 6.1). Consider the use of the Oregon healthcare volunteer registry for additional personnel as needed.

Note: This appendix is part of Annex F of the State Emergency Management Plan, and should be use in conjunction with other appendixes. It is not a stand a lone plan 16

- Review and update elements of Annex F, as they apply to pandemic influenza and forward relevant information to local health departments for updating their emergency response plans.
- Ask Local Health Departments to consider developing a framework for behavioral health and social support networks for influenza patients, their families and those who may become psychologically affected by the pandemic.

### **Immunization Program**

- Review major elements of the vaccine and antiviral prioritization plan (VEPP)(Attachment 1); modify plan as needed based on epidemiological and clinical features of the new strain and availability of vaccine and antivirals.
- Review major elements of the vaccine and antiviral distribution plan (SOP H 4.1.1).
- Ensure that a documentation process and recall system for doses administered exists for both the public and private sectors
- Review Pneumococcal vaccination rates of high risk individuals and encourage vaccination as needed.

### **Oregon State Public Health Laboratory**

- Request appropriate reagents from CDC to detect and identify the novel strain.
- Assess inventory of laboratory equipment and supplies, noting what is needed.
- Review Appendix – Laboratory Protocols for pandemic influenza

### **Public Information**

- Continue preparatory activities as described in detail in Annex F, Functional Appendix 1, public health communications, SOP F 1.1.1 and Appendix 10.6 Communications Concerning Outbreaks.
  - Ensure local health departments and media are updated on a regular basis.

### **Local Health Departments**

- Notify clinicians, media, and other key stakeholders in their jurisdictions of the Novel Virus Alert Status.
- Participate in exercises and assess local preparedness
- Cooperate in strategies to assess and inform travelers of pandemic influenza.

**c. Pandemic Alert Phase 0, level 3** - *Confirmation of person-to-person spread in the general population with at least one outbreak lasting for more than 2 weeks in one country*

## **Acute and Communicable Disease Program**

- Notify public health partners of the Pandemic Alert through the Health Alert Network, CD summary and web posting
  - Geographic area of origin of potential cases
  - Clinical symptoms
  - Diagnosis, treatment, and prophylaxis
  - Procedures for submitting specimens to the Public Health Laboratory
- If the alert is given outside of the normal October-May influenza surveillance season, activate the following surveillance systems:
  - Lab based reporting as described above
  - Sentinel Physician reporting as described above

Encourage enhanced specimen acquisition from persons originating or returning from the identified geographic area with influenza-like illness. Coordinate with all ports of entry, including seaports, and local health departments. Develop case definitions and discuss new potential reporting requirements with public health partners.

- Maintain communication with CDC concerning laboratory surveillance findings.
- Review surveillance data to aid prioritization decision for vaccines and antivirals.
- Advise travelers and airlines operating between Oregon and endemic areas about heightened disease surveillance and disease containment measures.
- Provide and review infection control guidelines with hospitals, clinics and long-term care facilities.

## **Public Health Preparedness**

- Notify all relevant response agencies of pandemic alert status.
- Update other government officials about additional resource requirements.
- Review with Association of Hospitals and Health Care Systems, Oregon Medical Association and other appropriate organizations including Oregon healthcare volunteer registry, the availability of personnel, supplies, and materials for care of influenza patients.
- Review legal authorities for pandemic response

## **Immunization Program**

- Ascertain from CDC and manufacturers the availability of vaccine and antivirals. 
- Implement plan for delivery and storage of vaccine as it becomes available. (Annex F, Functional Appendix 10 – SOP F10.5 and SOP H 4.1.1).
- Coordinate notification of partner organizations to implement systems to identify priority populations, and estimate amount of antiviral medications and vaccine they will need. (Attachment 1).

Note: This appendix is part of Annex F of the State Emergency Management Plan, and should be use in conjunction with other appendixes. It is not a stand a lone plan 18

- Distribute training materials to relevant agencies and partner organizations about vaccine and antiviral delivery protocols and procedures.

### **Oregon State Public Health Laboratory**

- Develop contingency plans for procurement of additional laboratory equipment and supplies, and also for possible redirection and hiring of additional laboratory employees.
- Obtain authorization for special funding for additional laboratory testing personnel from the Administrator and/or Director of Human Services.
- Review lab surge capacity Memorandum of Understandings with public health lab partners.
- Develop criteria for specimen submission with the Acute and Communicable Disease Program epidemiology staff.

### **Public Information**

- Conduct research to determine public perceptions regarding the novel strain of influenza, and use the information gathered to develop key messages.
- Research best communication practices in areas where the new influenza strain has emerged.
- Activate and publicize the disease information hotline and website, including pre-recorded messages in multiple languages. (see Annex F, Functional Appendix 1, Public Health Communications, SOP F1.3, Telephone Surge Capacity).
- Continue preparatory activities as described in detail in Annex F, Functional Appendix 1, Public Health Communications, SOP's F1.1.1, F1.1.2 and Appendix 10.6, Communication Around Outbreaks.
- Ensure local health departments and media are updated.

### **Local Health Departments**

- Notify clinicians and other key stakeholders in their jurisdictions of the Pandemic Alert status.
- Compile a list of healthcare workers (including volunteers) and institutions that might administer vaccines during a pandemic or other public health emergency (See Local Health Department Strategic National Stockpile plans) or notify local medical reserve groups if available
- Review with local hospitals, clinics and local/regional Medical Associations availability of personnel, supplies, and materials for infection control needed for care of influenza patients
- Ensure that human resources, equipment and plans for mass immunization clinics are in place.
- Determine whether Federal and State antiviral prophylaxis and treatment recommendations for health care workers and those who provide essential community services are feasible.

Note: This appendix is part of Annex F of the State Emergency Management Plan, and should be use in conjunction with other appendixes. It is not a stand a lone plan 19

- Prepare and review communication plans.
- Review legal authorities of the local health officer/administrator
- Coordinate surveillance activities with DHS Acute and Communicable Disease Program, local hospitals and health care providers.

**d. Pandemic Phase 1** - *Confirmation that the novel influenza virus is causing several outbreaks in one country and has spread to other countries, with consistent disease patterns indicating serious morbidity and mortality is likely in at least one segment of the population. It is assumed that Oregon is not yet affected at this phase.*

**Summary** - In the pandemic phase 1, the pandemic alert activities will continue at an intensified level. ***Emergency Coordination Center/Health Services Agency Operations Center may be activated at this point (Annex F – Base Plan and Functional Appendix 3).*** Surveillance efforts will be increased for both influenza illness and the circulation of the influenza virus. If vaccine is available, the distribution system will be implemented and security measures will be put in place to ensure that vaccine will be given first to groups with highest priority for receiving them. State public health will step up information flow to Local Health Departments, HAN, medical providers and all other stakeholders. Options for the use of community control measures such as cancellation of public events, school closure etc will be reviewed.

### **Acute and Communicable Disease Program**

- Notify public health partners of the Pandemic Phase 1 status through the Health Alert Network, CD summary and web posting. (Annex F –Functional Appendix 1 – SOPs F1.2, F1.4, F1.5) Include information on:
  - Epidemiologic characteristics
  - Geographic area of origin of potential cases,
  - Clinical symptoms
  - Diagnosis, treatment, and prophylaxis
  - Infection Control measures recommended by CDC
- Outside of the normal October-May influenza surveillance season, verify that sentinel clinicians are activated and prepared to report.
- Review surveillance data to determine prioritization for vaccine and antivirals.
- Encourage enhanced specimen acquisition from persons originating or returning from the identified affected geographic area with Influenza-Like Illness (fever of >101 F and either cough or sore throat).
- Maintain communication with CDC concerning laboratory surveillance findings.
- Initiate and evaluate enhanced surveillance for influenza-like illness in selected acute care settings unless an established automated surveillance system is in place.
- Monitor domestic and international surveillance reports.
- Advise travelers and airlines operating between Oregon and endemic areas about heightened disease surveillance and disease containment measures.

Note: This appendix is part of Annex F of the State Emergency Management Plan, and should be use in conjunction with other appendixes. It is not a stand a lone plan 20

## **Public Health Preparedness**

- Update all relevant response agencies of pandemic alert status.
- Support the Agency Operation Center staffing and activities.
- Assist in surveys or other data collection activities to estimate amount of antiviral medications and vaccine needed by priority groups and activate plan to obtain needed and/or additional supplies (Annex F, Functional Appendix 2).
- Assess feasibility of any national recommendations for community containment such as isolation, quarantine, and cancellation of activities or transportation; develop process to obtain input from key health and political leaders.
- Continue assessment and planning for resource needs with Association of Hospitals, Health Systems, Regional Hospital Planning groups and local health departments

## **Immunization Program**

- Implement plan for delivery and storage of vaccine as it becomes available. (Annex F, Functional Appendix 10, SOP F10.5 and attachments to this plan)
- Coordinate notification of partner organizations to implement systems to identify priority populations.
- Assure availability of resources to distribute and administer vaccine
- Convene Immunization Policy Advisory Team (IPAT) for on-going decisions about vaccine prioritization ( Attachment 1)
- Distribute training materials to relevant agencies and partner organizations about vaccine and antiviral delivery protocols and procedures.
- Begin vaccination of priority populations in collaboration with LHD and other immunization partners, as vaccine is available. Monitor for adverse events. (Annex F, Functional Appendix 10 – SOP F10.5)

## **Oregon State Public Health Laboratory**

- Continue to monitor viral isolates for pandemic subtype
- Coordinate with ACDP epidemiologists the prioritization of testing requests.
- Focus surveillance on detection of antigenic drift variants and reassortant viruses that could limit the efficacy of vaccines produced against the original pandemic strain.

## **Public Information**

- Activate the Joint Information System (see Annex F, Functional Appendix 1, Public Health Communications, Standard Operating Procedures F1.7, Joint Information System/Center Operations Plan.)
- If cases have been confirmed in neighboring states or if the State Emergency Coordination Center or Agency Operations Center has been activated, consider activation of the Joint Information Center (see Annex F, Functional Appendix 1,

Note: This appendix is part of Annex F of the State Emergency Management Plan, and should be use in conjunction with other appendixes. It is not a stand a lone plan 21

Public Health Communications, SOP F1.7, Joint Information System/Center Operations Plan.)

- Activate telephone surge plan, including the use of live call takers and scale as needed (see Annex F, Functional Appendix 1, Public Health Communications, SOP F1.3, Telephone Surge Capacity).
- Notify news media of "Pandemic Alert" status.
- Log all calls and e-mails and analyze for trends in concerns and questions. Use this information to update FAQs and talking points.
- Update partners and stakeholders as additional information is obtained on
  - Vaccine/antiviral availability
  - Prioritized distribution plan
- Continue activities as described in detail in Annex F, Functional Appendix 1, Public Health Communications, SOP's F1.1.1, 1.1.2 and Appendix 10.6, Communication Concerning Outbreaks.

### **Local Health Departments**

- Notify clinicians and other key stakeholders of the Pandemic Imminent Status.
- Compile a list of healthcare workers (incl. volunteers) and institutions that might administer vaccines during a pandemic or other public health emergency (See Strategic National Stockpile plans).
- Vaccinate high-risk individuals if vaccine available.
- Ensure that human resources, equipment and plans for mass immunization clinics are in place.
- Review antiviral use plans.
- Assess with local hospitals capacity to care for severe respiratory illness
- Notify local coroners and funeral directors to be advised to prepare for possible increases in the number of dead.

**e. Pandemic, Phase 2** - Outbreaks and epidemics are occurring in multiple countries and spreading across the world. Oregon is assumed to be widely affected during this phase.

Summary: The Department of Human Services, Public Health agency operations center will be activated but may be staffed intermittently depending on the length and severity of the pandemic locally. (Annex F – Functional Appendix 3) Surveillance emphasis will be shifted from detecting cases caused by the influenza virus to monitoring demographic characteristics associated with severe disease that may affect priority groups for vaccine, antiviral medications and additional health care resources. If available, vaccine delivery will be at its highest level, and the system to detect possible adverse reactions to the vaccine will be closely monitored. Emergency Coordination Center/Agency Operations Center will help determine alternative treatment sites since hospitals may be overwhelmed. Public concern and disruption of society may peak during this period.

Note: This appendix is part of Annex F of the State Emergency Management Plan, and should be use in conjunction with other appendixes. It is not a stand a lone plan 22

## **Acute and Communicable Disease Program**

- Monitor severe disease using the existing eSentinel reporting system supplemented by focused surveillance of pediatric and adult ICUs
- Provide surveillance data to CDC, Local Health Departments, private providers, and other partners.
- Collaborate with the Immunization Program and its advisory groups to establish priority groups for vaccine and antiviral drugs.
- Recommend use of control measures including vaccine and antivirals in accordance with CDC guidelines
- Participate in studies to evaluate the effectiveness of vaccination, antiviral use, community control measures and other special studies as requested by CDC.
- Monitor MedWatch data for evidence of adverse reactions to antiviral medications.

## **Public Health Preparedness**

- Coordinate the financial and logistics framework for obtaining and distributing needed medical supplies.
- Work with regional health planners and hospitals to maximize availability of in-patient care.
- Open, maintain and support the Agency Operation Center (SOP F3.3), in coordination with the state Emergency Coordination Center.
- Coordinate the use of collaborative emergency services and volunteers to provide emergency home care and monitoring for vulnerable populations.
- Implement mortuary service plan as needed. (Annex F – Functional Appendix 9)
- Consider requesting National Disaster Medical System assets as appropriate through the state Emergency Coordination Center.
- Coordinate transportation of and security for vaccine and antiviral medications to clinical sites and pharmacies.
- Continue to monitor reports from WHO and CDC on national and worldwide morbidity and mortality data.
- Implement plans to obtain critical supplies and durable medical equipment. Assess the need to order the strategic national stockpile.
- Advise and gather input on emergency community public health measures ensuring consistency across jurisdictions.
- Advise the Governor when pandemic status reached – State of Public Health Emergency (Annex F – Base Plan and Functional Appendix 6, SOP F6.4)

## **Immunization Program**

- Continue delivery of antiviral medications and vaccine to priority groups (if products are available) (Annex F – Functional Appendix 10 – SOP F10.5 and attachments this plan).

Note: This appendix is part of Annex F of the State Emergency Management Plan, and should be use in conjunction with other appendixes. It is not a stand a lone plan 23

- Modify recommendations and agreements on priority groups for receiving the vaccine to reflect availability of vaccine and epidemiologic data .
- Continue to monitor VAERS for serious side effects of vaccine.
- Participate in special studies as requested by CDC.

### **Oregon State Public Health Laboratory**

- Focus surveillance on detection of antigenic drift variants and reassortant viruses that could limit the efficacy of vaccines produced against the original pandemic strain.

### **Public Information**

- Maintain operation of the Joint Information System and prepare to activate the Joint Information Center (see Annex F, Functional Appendix 1, Public Health Communications, SOP F1.7, Joint Information System/Center Operations Plan.).
- Maintain and expand surge capacity for phone calls, as needed (see Annex F, Functional Appendix 1, Public Health Communications, SOP F1.3, Telephone Surge Capacity).
- Notify news media that a Pandemic is imminent
- Monitor news media coverage, log all calls and e-mail and analyze for trends in concerns and questions. Use this information to update frequently asked questions and talking points.
- Continually update media and the public on infection control and transmission measures
- Continue to publicize the disease information hotline and web site (see Annex F, Functional Appendix 1, Public Health Communications, Standard Operating Procedures F1.3, Telephone Surge Capacity).

### **Local Health Departments**

- Assign/enlist pre-designated workers to staff triage sites, immunization clinics, nontraditional care sites, and essential community service agencies
- Work with local hospitals to determine if in-patient medical care in non-traditional settings is needed. If so, attempt to equip and staff other settings to provide hospital surge capacity.
- Ensure access to Personal Protective Equipment (PPE) for healthcare workers and high risk populations
- Implement mass vaccination clinic plans if vaccine is available
- Continue to publicize the disease information sources including hotlines and web resources.

Note: This appendix is part of Annex F of the State Emergency Management Plan, and should be use in conjunction with other appendixes. It is not a stand a lone plan 24

**f. Pandemic, Phase 3** *End of the first wave of the pandemic*

All agencies and health care providers must make use of the interim period between pandemic waves to assess successes and short-comings to prepare for a resurgence of disease.

**g. Second Wave, Phase 4** - Confirmation of a second or later wave caused by the same novel virus strain.

Based on past experience, a second wave of outbreaks may occur within 3-9 months of the initial epidemic, but may be less severe because some people will have already had disease or have been vaccinated during the previous season. Vaccine supply is also likely to be greater leading to different strategies for vaccination. Specific response activities implemented during Phase 4 will be similar to those in Phases 1 and 2.

**Acute and Communicable Disease Program**

- Continue to collect and monitor surveillance data in anticipation of a potential second wave.
- Notify public health partners if a secondary climb in flu incidence rates occurs. (Annex F – Functional Appendix 1 – SOPs F1.2, F1.4, F1.5)

**Public Health Preparedness**

- Assess the availability of state staff to respond.
- Continue coordination of public health and state assets with the emergency coordination center.
- Continue coordination with bordering jurisdictions.

**Immunization Program**

- Maintain vaccination plan until all priority groups are vaccinated.
- Expand vaccination as supply allows to general population
- Monitor for adverse events related to vaccine use.

**Oregon State Public Health Laboratory**

- Laboratory surveillance should also return to pandemic imminent status while maintaining surveillance for possible antigenic drift.

**Public Information**

- Continue operation of Joint Information System and reactivate Joint Information Center, if needed. (see Annex F, Functional Appendix 1, Public Health Communications, SOP's F1.1.2 and F1.7 Joint Information System/Center Operations Plan).

Note: This appendix is part of Annex F of the State Emergency Management Plan, and should be use in conjunction with other appendixes. It is not a stand a lone plan 25

- Continue telephone hotline, e-mail and media monitoring Annex F, functional appendix 1, Public Health Communications, SOP F1.3 Telephone Surge Capacity.

### **Local Health Departments**

- Re-activate communication, planning, and vaccination coordination as needed and as supplies allow.
- Re-establish mass-care facilities in non-traditional sites as indicated.

### **h. Pandemic Over, Phase 5 - Confirmation that the pandemic has ended**

#### **Acute and Communicable Disease Program**

- Participate in “After Action” report

#### **Public Health Preparedness**

- Deactivate Agency Operations Center and coordinate “After Action Report”
- Demobilize healthcare workers and community support volunteers and other state public health resources.
- Coordinate the demobilization with the state Emergency Coordination Center.
- Review pandemic flu response plan annually and revise as needed

#### **Immunization Program**

- Summarize vaccine use, coverage data; adverse event reports
- Participate in “After Action “ Report
- Continue to monitor for adverse events related to vaccine use

#### **Oregon State Public Health Laboratory**

- Participate in “after action” report

#### **Public Information**

- Follow-up with the news media and use other communication channels to make sure people are aware that the pandemic has ended.
- Conduct research to formally evaluate the public information program, based on the stated objectives.
- Convene a team to analyze the research and make recommendations for future infectious and communicable disease outbreaks.
- Incorporate these recommendations into relevant planning documents.
- Participate in “after action” report.
- See Annex F, Functional Appendix 1, public health communications, SOP F1.1.3.

Note: This appendix is part of Annex F of the State Emergency Management Plan, and should be use in conjunction with other appendixes. It is not a stand a lone plan 26

## **Local Health Departments**

- Each Local Health Department prepares its own “after action” report, reviews its pandemic influenza plan, and makes changes as necessary.