Pandemic Influenza:

2007 Annual Progress Update

Minnesota Department of Health Activities
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Executive Summary

Although the visibility of avian and pandemic influenza preparedness has waned in the media in the past year, the potential for a pandemic has not. We cannot be certain that highly pathogenic avian influenza A H5N1 will be the culprit, but we can be sure that some influenza virus will someday lead to a pandemic.

Because the state's public health resources must be deployed effectively in a pandemic, the Minnesota Department of Health's (MDH) well-developed infrastructure and expertise in responding to disease outbreaks are being adapted to respond to an influenza pandemic. This report outlines significant progress made by the Minnesota Department of Health in 2007 in preparing for pandemic influenza. The agency plays a key role in a wide variety of areas—everything from laboratory analysis to stockpiling antiviral medication, from helping the healthcare community plan for a surge of patients to coordinating care of the deceased.

In fiscal year 2007, the Minnesota Legislature authorized $4.085 million to improve the state's preparedness for pandemic influenza. The department was authorized to spend $3.97 million of this funding to purchase antiviral medication and to stockpile medical and healthcare supplies. The balance of the funding has been used for other pandemic preparedness activities.

This state funding, in tandem with federal funding received for pandemic influenza preparedness, has allowed MDH to continue progress toward a Minnesota that can sustain itself during a severe outbreak and renew itself after a worldwide wave of influenza has passed.

Key MDH Achievements in 2007

State Operational Plan

- Writing and revising state-level pandemic influenza operating plans that manifest clear operating objectives, define implementation strategies, specify responsibilities, and measure performance objectives.

Continuity of Operations and Service Continuation Planning

- Hiring a continuity of operations planner whose work will focus on plans for continuing to operate essential services in a disaster, including pandemic influenza.

Surveillance, Laboratory, and Clinical

- Developing, piloting, and implementing a system for hospitals to report lab-confirmed influenza cases through the web-based Minnesota Immunization Information Connection (MIIC).
- Conducting 10 regional laboratory emergency preparedness conferences, each including presentations on pandemic influenza.
- Conducting the first virology laboratory workshop with the 10 virology laboratories that perform viral cultures in the state.
- Further developing the Pandemic Influenza Database that will be used early in the pandemic to manage clinical and test information, facilitate and document contact tracing and intervention, and determine possible links among cases.
- Conducting day-long training meetings on highly pathogenic avian influenza at three sites across Minnesota.

Assistance with Controls at U.S. Port of Entry

- Working with the Centers for Disease Control and Prevention's (CDC) quarantine station to plan for the possible quarantine of passengers on a plane that may have been exposed to pandemic influenza while on a flight to the Minneapolis-St. Paul International Airport.

Community Mitigation Interventions

- Leading a multi-agency school closing exercise to raise key policy issues pertaining to the closure of K-12 schools in Minnesota as a possible pandemic influenza disease containment measure.
- Submitting to CDC a draft plan for non-pharmaceutical community disease mitigation strategies in a pandemic.
- Offering a videoconference for county commissioners and other local elected officials on community strategies to delay or reduce the impact of a pandemic (non-pharmaceutical interventions).
- Developing discharge and home instructions for persons in isolation or quarantine.
- Presenting at the Department of Employee Relations' business continuity planning conference on control of infection.

Stockpile and Distribution of Antiviral Medication

- Conducting a tabletop exercise to demonstrate operational planning efforts for distributing antivirals and to provide a forum for state agencies to participate in facilitated discussions of their roles, responsibilities, and anticipated activities.
- Coordinating the purchase and storage of almost 295,000 courses of antiviral medication for the state stockpile.

Mass Vaccination Capability

- Planning for vaccine administration tracking and reporting in coordination with the CDC.
- Participating in the CDC's countermeasure response administration pilot exercise, which tested the ability to capture influenza vaccination data during seasonal influenza clinics and to submit the data to the CDC's software tool.
- Developing a framework for local health departments to coordinate with other institutions in their jurisdictions for delegating vaccination of previously determined priority groups.

Healthcare Surge Planning

- Planning for responding to behavioral health needs during a disaster is occurring across the state through regional collaboration.
- Recruiting an additional 3,000 healthcare professionals and non-medical personnel into a new web-based volunteer registry and management system.
- Implementing a bed tracking system (MNTrac) in all Minnesota hospitals.
- Providing consultation and technical assistance to hospitals, clinics, and other healthcare organizations to develop an isolation surge capacity strategy for infectious diseases, including pandemic influenza.
- Purchasing and distributing 37 mechanical ventilators across Minnesota's eight health regions.
- Contracting for the development of workbooks to guide pandemic influenza exercises.
- Assisting regions in identifying alternate care sites and developing operational plans for them.
- Developing resource allocation guidance for hospitals and providers through the work of the MDH Science Advisory Team.

Mass Casualty Management

- Providing information about the potential ramifications of a pandemic to funeral homes and morticians throughout the state.
- Seeking grant funds for software development that will allow for reporting deaths via the web to a central database.
- Holding a Disaster Portable Morgue Unit open house.

Communications

- Providing reviewer expertise to the Center for Infections Disease Research and Policy (CIDRAP) at the University of Minnesota for its Pandemic Influenza Preparedness Promising Practices Project.

- Coordinating over 60 opportunities across the state for various content experts to speak about pandemic influenza.
- Presenting on crisis communications to tribal officials and others in north central Minnesota.

Community Resiliency

- **Special Needs Populations**
  - Conducting a statewide conference to raise awareness in the faith community about the abilities, strengths, and needs of the disability community. Pandemic planning was a focus of the discussion.
  - Emphasizing the role of long term care facilities in pandemic planning.
  - Engaging tribal communities in planning during a presentation at the Emergency Preparedness for Tribal Governments Conference.
- **CodeReady Public Information Campaign**
  - Creating and launching the codeReady public information preparedness campaign and website: http://www.codeready.org
  - Receiving acknowledgement of codeReady as both a "best practice" in the Health and Human Services Pandemic Flu Leadership Blog and as a "promising practice" by the University of Minnesota's Center for Infectious Disease Research and Policy (CIDRAP).
  - Receiving approximately 36,000 visits to the codeReady website in the first two months of operation.
- **Minnesota Pandemic Ethics Project**
  - Contracting with ethicists from the Minnesota Center for Health Care Ethics and the University of Minnesota's Center for Bioethics to develop and lead the Minnesota Pandemic Ethics Project.
  - Developing ethical frameworks for how Minnesota should ration critical health-related resources in a severe influenza pandemic.
  - Convening a community-based resource allocation panel, expert work groups, and a protocol committee (together comprising more than 100 people) as part of the project.

State-Local Coordination

- **State Community Health Services Advisory Committee (SCHSAC) MDH-Local Public Health Preparedness Committee**
  - Articulating strategic direction and shared local public health - MDH preparedness priorities for the next several years.
  - Prioritizing communication strategies and the creation of a tiered system of responsibilities for local health departments based on capacity and capabilities.

Introduction

This report provides updates on how the Minnesota Department of Health is planning for a pandemic. It is intended for decision-makers, partners in preparedness, and citizens to inform them about steps taken to protect public health in Minnesota to ensure that the state is as prepared as possible when the next pandemic arrives.

In March 2007 MDH released a comprehensive report, *Pandemic Influenza: Annual Progress Update*, outlining the significant pandemic planning progress made in 2006. That report contains a wealth of background information that is not repeated in this second annual report. The 2007 report can be accessed at: http://www.health.state.mn.us/divs/idepc/diseases/flu/pandemic/plan/annualreport07.pdf

The mission of the Minnesota Department of Health is protecting, maintaining and improving the health of all Minnesotans. The agency has been developing the infrastructure over many years to respond effectively to public health emergencies. This report describes steps taken in 2007 to build on this foundation, specific to an influenza pandemic, in areas such as communication, disease surveillance, laboratory, community mitigation strategies, healthcare planning, mass vaccination, and stockpiling of antiviral medications and other resources.

Background

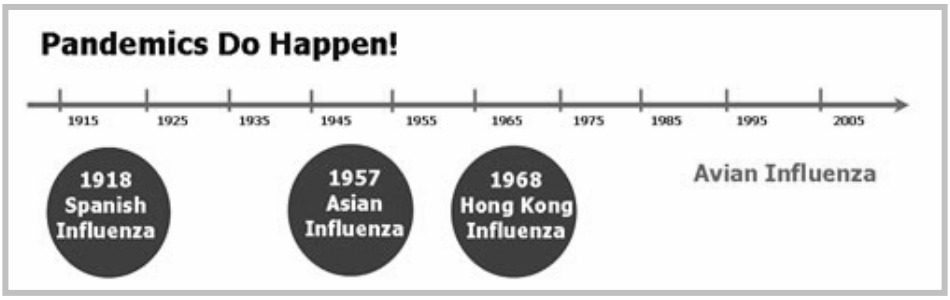
Though no one can be 100 percent sure what the next pandemic will look like, its consequences in Minnesota could be dire. Over a 12 -18 month period, a pandemic would result in outbreaks that would come and go in waves in a community, with each wave lasting perhaps six to eight weeks. An especially severe influenza pandemic could lead to high levels of illness, death, social disruption, and economic loss. Minnesota could see one-third of the population become ill and 32,900 die. Everyday life would be disrupted because so many people in so many places could become seriously ill at the same time. Impact could range from school and business closings to the interruption of basic services such as public transportation and food delivery.

A pandemic is a global disease outbreak. An influenza pandemic occurs when a new influenza virus emerges for which people have little or no immunity, and for which there is no vaccine. The disease spreads easily from person-to-person, causes serious illness, and can sweep across a country and around the world in very short time.

It is difficult to predict when the next influenza pandemic will occur or how severe it will be. Wherever and whenever a pandemic starts, everyone around the world is at risk. Although the visibility of avian and pandemic preparedness has recently waned in the media, the real threat of avian influenza and the potential for an influenza pandemic has not. Though we cannot be certain that highly pathogenic avian influenza H5N1 will spark a pandemic, we can be sure that a pandemic will occur at some point in the future.

Since 2003, a growing number of human H5N1 cases have been reported in Asia, Europe, and Africa. More than half of the people infected with the H5N1 virus have died and there is concern that H5N1 will evolve into a virus capable of efficient human-to-human transmission.

According to the most recent figures from the World Health Organization (WHO), 382 people have been infected with avian influenza H5N1, and of those, 241 have died, making this a highly pathogenic strain with a death rate greater than 60%. Many recent cases have occurred in the Far East and Middle East in previously healthy children and young adults. If a change in this current circulating virus allowed for efficient human-to-human transmission, it could lead to a pandemic.



2007 Pandemic Planning Highlights

State Operational Plan

Goal: Writing and revising state-level pandemic influenza operating plans that manifest clear operating objectives, define implementation strategies, specify responsibilities, and measure performance objectives.

Work began in September 2007 to improve and update the department's operational plans for responding to and sustaining functionality during an influenza pandemic. The operating plans being developed address three strategic goals: (1) ensuring continuity of operations of state agencies and continuity of state government, (2) protecting citizens, and (3) sustaining and supporting 17 critical infrastructure sectors and key assets identified by the Department of Homeland Security.

All states, including Minnesota, will be responding to the federal government's request for pandemic operational planning information by July 2008. MDH is coordinating the state submission, which includes planning information from many state agencies.

Continuity of Operations and Service Continuation Planning

Goal: Developing plans to ensure continuity of government and maintain essential public health functions in an influenza pandemic.

MDH hired a continuity of operations planner in December 2007. Much of this position's work will focus on plans for continuing to operate in a disaster, including pandemic influenza.

The planner has already developed an intranet site to facilitate department-wide business continuity planning and coordinated an exercise held in February 2008 to test agency telecommuting readiness in case of a pandemic. A follow-up exercise is planned for June 2008.

Surveillance, Laboratory, and Clinical

Goal: Monitoring both the disease and the virus and implementing methods to ensure that emerging infections are identified and influenza cases confirmed by analysis. Helping healthcare providers assess whether the new types of influenza they face have serious potential to cause a pandemic.

Significant improvements have been made to the MDH weekly influenza statistics website, which will be an essential tool in a pandemic. The site now comprehensively includes influenza activity data from labs across the state, outbreaks in schools and nursing homes, influenza-like illness as reported by influenza sentinel surveillance providers, and hospitalized influenza cases. There are also links to national influenza data sources. The website can be viewed at: http://www.health.state.mn.us/divs/idepc/diseases/flu/stats/index.html

MDH staff from the Immunization, Tuberculosis and International Health (ITIH) and Acute Disease Investigation and Control (ADIC) sections collaborated to develop, pilot, and implement a method for hospitals to report lab-confirmed influenza cases through the web-based immunization registry, the Minnesota Immunization Information Connection (MIIC). This application makes it possible for hospitals to enter data on hospitalized cases and for MDH staff to have immediate access to the data. The system is currently available for hospitals in the Minneapolis-St. Paul seven-county metropolitan area.

The MDH Public Health Laboratory (MDH-PHL) through the Minnesota Laboratory System (MLS) developed a Laboratory Influenza Surveillance Program, which is made up of more than 90 clinic- and hospital-based laboratories voluntarily submitting influenza testing data on a weekly basis.

By tracking laboratory results MDH assists healthcare providers with diagnosis of influenza-like illness. Lab data also provides an indicator as to the progression of the influenza season as well as prevalence of disease in the community.

The MDH-PHL conducted 10 regional laboratory emergency preparedness conferences in 2007, each including a presentation on seasonal and pandemic influenza. These regional conferences were attended 293 laboratorians from around the state. In May of 2007 the MDH-PHL conducted its first virology laboratory workshop, which was attended by 16 participants from the 10 virology laboratories that perform viral culture within the state.

Also in 2007 the MDH-PHL held an exercise at the Spring Clinical Laboratory Collaborative Conference. Presentations led participants through an influenza pandemic in the fictional town of Bunyan, MN.

The MDH Pandemic Influenza Database was further developed in 2007 by a consultant and MDH staff. The database will be used early in a pandemic by the MDH Clinical-Infection Control Team to 1) manage clinical and test information, 2) facilitate and document contact tracing and intervention, and 3) determine possible epidemiologic links among cases.

Day-long training meetings on highly pathogenic avian influenza (HPAI) were held in three locations across the state in November and included audiences of poultry producers, state and local animal health regulators, university researchers, emergency managers, local and state public health professionals, and others who would respond to an outbreak of HPAI in Minnesota poultry. The main purpose of the meetings was to help establish and enhance the working relationships between technical experts in government and industry in both human health and animal health that would be necessary to effectively handle an outbreak of HPAI in poultry.

Assistance with Controls at U.S. Ports of Entry

Goal: Collaborative planning for a multi-sector response to an influenza pandemic with the CDC Quarantine Station at the MSP International Airport.

MDH is working with CDC and the Metropolitan Airports Commission (MAC) on protocols for the airport quarantine station in regard to ill passengers arriving on international flights to the Minneapolis-St. Paul International Airport who meet clinical and epidemiologic criteria for a novel influenza virus. This includes planning for an MDH team that could screen airplane passengers, as well as planning for possible quarantine of passengers on a plane that may have been exposed to pandemic influenza while on a flight to the Minneapolis-St. Paul International Airport. Olmsted County Public Health is involved in similar planning with the CDC regarding Rochester International Airport.

Community Mitigation Interventions

Goal: Developing strategies to prevent the disease from spreading or to slow down its course by directing or influencing the movement of people.

In January 2007 the MDH conducted a tabletop exercise to raise key policy issues pertaining to the closure of K-12 schools in Minnesota as a possible pandemic influenza community disease containment measure. Participants, numbering over 100, included state agency officials as well as representatives from Dakota, Carlton, Olmsted, and Carver counties. These counties provided urban, suburban, and rural perspectives. Many important issues and questions were articulated concerning whether and how education would continue, how school-based programs including meal and special needs programs might continue, how school funding would operate, and the state's role in ensuring consistency whenever appropriate. Several local health departments (LHD) replicated this exercise in their own communities in 2007.

> *"Proper planning and training for a pandemic flu will produce wide-ranging benefits because the preparation involved is transferable to virtually any type of public health emergency. Done well, pandemic flu planning will help the nation become better prepared for all types of hazards."*
>
> *Minnesota Governor Tim Pawlenty*
> *July 2006*

In April 2007, MDH submitted to CDC a draft plan for non-pharmaceutical community disease mitigation strategies in a pandemic. This plan incorporated new CDC guidance on triggers for non-pharmaceutical measures and a federally developed pandemic severity index to guide the scope and duration of community mitigation measures. Work is ongoing to further develop this plan.

In June, MDH held a video conference, *Community Strategies That May Delay or Reduce the Impact of a Pandemic: Non-Pharmaceutical Interventions (NPI)*, for county commissioners and other local elected officials. There were 42 sites connected to the video conference from across Minnesota, with an attendance of approximately 275.

Work continues in developing discharge instructions and home instructions for persons in isolation and/or quarantine. Additionally, MDH staff presented at a business continuity planning conference sponsored by the Department of Employee Relations (DOER) in February. The presentation covered a review of workplace infection prevention and control strategies, guidance for workplace personal protective equipment, and workplace infection prevention resources.

Stockpile and Distribution of Antiviral Medication

Goal: Developing a system to receive, store, allocate, and distribute antiviral drugs, personal protective equipment, and medical supplies during a pandemic.

During an influenza pandemic, supplies of antiviral medications will be limited. Available antivirals will need to be distributed throughout Minnesota for use in treating ill persons, and also may be available for targeted use in preventing illness and containing the pandemic. The broad planning goal for distribution of antivirals is to ensure access to these medications, throughout the state, using procedures and practices that are standardized and consistent. An MDH working group spent time discussing and clarifying these issues in 2007.

Minnesota is participating in the federal Division of Strategic National Stockpile (DSNS) program. During a pandemic, antivirals will be distributed from federal, state, and local stockpiles. In 2007, almost 295,000 treatment doses of antiviral medication were purchased and stockpiled by MDH. Minnesota's allotment from the federal stockpile of antivirals will be approximately 754,000, bringing the total number of treatment doses available to the state to over one million. A state plan for antiviral distribution and use is being completed, identifying locations for regional stockpiles.

The DSNS required all states to complete a tabletop exercise in 2007 to demonstrate their operational planning efforts regarding antiviral distribution. MDH held the exercise in July. A workshop was conducted prior to the required tabletop. The workshop included partners from most Minnesota state agencies. The objective was to share the differences between a regular SNS response and a pandemic influenza response, specific to antiviral distribution.

A supply of N95 respirators (approximately 250,000) was also purchased and stockpiled by MDH in 2007, specifically for use by healthcare workers. With additional resources, this supply will be increasing.

Mass Vaccination Capability

Goal: Developing a system to distribute and monitor vaccines as they become available during a pandemic.

In general, the MDH has well-developed systems that manage the distribution, storage, administration, and tracking of seasonal influenza vaccines. These systems are being adapted to include processes for the pre-pandemic and pandemic influenza vaccines.

Work progressed in 2007 specific to operational planning for vaccine administration tracking and reporting in coordination with the CDC. Additionally, a framework was developed for LHDs to coordinate with other institutions in their jurisdictions for delegating the vaccination of priority groups.

In early November, the CDC conducted a nationwide pilot test of the states' ability to capture influenza vaccination data during seasonal influenza clinics and then submit data to the CDC software tool. States chose two of their already-scheduled public health influenza vaccination clinics to participate. Once data were entered, aggregate numbers of vaccinations by age group were reported to CDC.

The MDH MIIC immunization registry participated in this pilot along with three local health departments: Benton County, the City of Bloomington, and Carver County. All three agencies entered data without problem within the designated timeframe. Additional testing will occur during the 2008-2009 influenza season that will

involve more public health agencies. Lessons learned from this exercise are being incorporated into planning for the MDH-led statewide pre-pandemic influenza vaccine distribution functional exercise that will be held in July 2008.

Healthcare Surge Planning

Goal: Preparing for a surge of patients, developing alternate care sites, training staff in personal protection, and much more.

A pandemic influenza would require hospitals, healthcare systems and health professionals to deal with an avalanche of new patients, many of whom are contagious and some in respiratory distress. The sudden influx of patients is termed a "surge," and MDH is working collaboratively with healthcare in the following areas: behavioral health, volunteer recruitment and registration, bed tracking systems, isolation surge capacity, ventilator surge capacity, pandemic influenza exercise design, alternate care sites, and the allocation of scarce resources.

> *"The Federal government cannot mount an effective response to the threats that we face as a nation without partners at every level of government and throughout society."*
>
> *HHS Secretary Mike Leavitt*

Behavioral health:

- Regional behavioral health disaster response plans are under development in all 8 regions of Minnesota.
- Continuity of operations training was provided for behavioral health residential treatment providers, summer 2007
- Exercises were conducted on behavioral health services plans, including utilizing a Family Assistance Center in an alternate care site setting, during the Operation Snowball III exercise in 2007.

Volunteer registry:

- Recruited an additional 3,000 healthcare professionals and non-medical personnel into a network of local, regional, and state-based health volunteer programs coordinated by the state.
- Led the activity regarding volunteer notification and polling of availability to staff an alternate care site during the Snowball III exercise.

Bed tracking:

- MDH's bed tracking system, MNTrac, was implemented in all 140 Minnesota hospitals. MNTrac is an information technology system which includes bed tracking, diversion status, electronic communication, incident situation log, knowledge base, and patient tracking.
- MNTrac was also used for exercises, including two full-scale patient tracking drills at the Minnesota State Fair and during an exercise in collaboration with the Veterans Administration Medical Center and the Department of Defense. MNTrac also served as an important communication and coordination tool for patient transport during response to the I-35W bridge collapse.

Isolation surge capacity:

- Provided consultation and technical assistance to regions, hospitals, clinics, and other healthcare organizations to develop an isolation surge capacity strategy for infectious diseases, including pandemic influenza.
- Collaborated with the Minnesota Emergency Response Education and Training (MERET) program at the University of Minnesota to develop appropriate training modules and programs to improve healthcare system response readiness.

Ventilator surge capacity:

- 37 ventilators purchased and distributed to the eight health regions across the state.
- Policies, procedures, and an education and training plan were developed for the distribution and utilization of state-purchased ventilators in collaboration with the Minnesota Society for Respiratory Care.

Pandemic exercise design:

- Contracted for services to design tabletop, functional, and full-scale exercise workbooks for pandemic influenza.
- Developed a template for a comprehensive healthcare system exercise program plan.

Alternate care sites:

- Eighty percent of Minnesota regions have identified alternate care site locations. Alternate care site operational plans include a protocol for requesting volunteers, mutual aid agreements, and staffing plans.
- The metro region conducted a full-scale exercise, which included the set-up and operation of a 25 bed alternate care site and the set-up and operation of a Family Assistance Center. MDH participated in the planning and helped conduct both components of the exercise.

Allocation of scarce resources:

- The MDH Science Advisory Team (SAT) developed resource allocation documents and guidance for hospitals and providers on the topics of oxygen, medication administration, hemodynamic support and intravenous fluids, mechanical ventilation, and nutrition and staffing.
- Two tabletop exercises were held using the mechanical ventilator triage tool.

Mass Casualty Management

Goal: Preparing the mortuary system for the increase in deaths that would accompany a pandemic.

Each year, approximately 38,000 people die in Minnesota, and the state's mortuary services take care of the remains, the funerals, and the families. In a "worst case" pandemic influenza outbreak, an additional 32,900 people in the state could die. MDH coordinates the Disaster Mortuary Emergency Response Team (D-MERT) to help in situations where local mortuary services are overwhelmed.

In 2006, MDH received the Disaster Portable Morgue Unit (DPMU), a mobile method of bringing morgue services directly to the site of a disaster or community where many deaths have overwhelmed local mortuary resources. An open house was held in 2007 to demonstrate the many components of this resource.

One of the priorities in 2007 was to raise the awareness of funeral homes and morticians around the state about the potential ramifications of a pandemic. Another priority was to begin stockpiling body bags—currently 2700 have been purchased. Moving forward, the MDH Mortuary Science Section plans to make more visits to local emergency planners and other interested officials to discuss the issues their communities may face regarding mass casualty management in a pandemic.

Currently MDH is seeking grant funds to pay for software development that will allow hospitals, nursing homes, alternate care facilities, and health officials to report deaths via the web to a central database. The software will include a radio frequency identification (RFID) system that will allow for seamless tracking of the remains from place of death to place of final disposition.

Communications

Goal: Ensuring that Minnesotans receive prompt, accurate health information about what to do at different stages of a pandemic; partners get the information they need to plan, respond, and recover; and systems are in place for all phases of a pandemic.

Some of the communication highlights include:

- Created and launched the codeReady public information campaign and website. See below for more detail about this project.
- Provided an expert reviewer to CIDRAP at the University of Minnesota for its Pandemic Influenza Preparedness Promising Practices Project.
- Conducted a presentation on crisis communications, including community hardiness, special populations, bereavement, and special populations for tribal officials and others in north central Minnesota.

- Provided a panel representative at the Children's Hospitals and Clinics Westgate Pediatric Ethics Forum 2007. Supported the archived video production of the presentation, *Pandemic Influenza in Pediatrics: Justice, Scarce Resources, and Tough Decisions*.
- Continued issuing the online newsletter, *Pandemic Influenza*, to relay fast-changing information, events, and up-to-date research findings to partners. Currently, there are approximately 1400 subscribers to the newsletter, representing the many diverse sectors involved in pandemic planning. http://www.health.state.mn.us/divs/idepc/newsletters/panflu/index.html
- Provided speakers and materials for hundreds of speaking engagements, conferences, training sessions, exercises, and events relating to pandemic influenza.
- Worked with the Department of Employee Relations (DOER) to provide pandemic influenza information to all state employees.

Community Resiliency

Goal: Protecting against adverse, unintended consequences that could seriously threaten the fabric of society.

Special Needs Populations

Activities in 2007 focused specifically on identification, engagement, and awareness for those in the broad area we term "special populations." This term encompasses elders in long-term or home care, people with disabilities, people with mental illness, children in group homes, and immigrant or refugee populations with limited English proficiency.

A Call to Care Conference was held and was designed to raise awareness within the faith communities about the abilities, strengths, and needs of the disability community. Pandemic influenza was a topic of discussion at the conference.

Collaborating with long-term care facilities was a priority in 2007 and subsequently regional workgroups were formed in each of the eight regions to focus on this planning.

MDH staff presented to tribal and state health, human services, and emergency management officials at the Emergency Preparedness for Tribal Governments Conference held at the Mille Lacs Reservation. Topics included legal considerations in a health emergency as well as general pandemic planning considerations.

MDH collaborated on planning the Communities of Color Conference in November which brought together diverse groups to begin the conversations about pandemic preparedness in their communities.

CodeReady Public Information Campaign

CodeReady is Minnesota's public information and education campaign designed to encourage individual and family preparedness for crises and emergencies, with a special emphasis on preparing for an extended stay in the home during a pandemic. A collaboration between MDH, the Minnesota Department of Public Safety (DPS), and local health and emergency response agencies and funded by a legislative appropriation, the program was launched with a targeted statewide advertising campaign in May 2007.

> *"Just think this is a fantastic website. Well done. Easy to understand and organized too. Appreciate all the work and care that went into creating the "Code Ready" campaign and website. This information is so important! Thank you, thank you!"*
>
> *The Jasper Family of Edina, MN*

The codeReady media campaign included radio ads, billboard placements, newspaper ads, and a statewide tour of community events and gatherings. The interactive codeReady website allows users to create a "custom tailored" individual emergency plan and emergency supply kit. The site has received visits from Canada, Europe, Asia, Australia, and Africa in addition to all 50 states and the District of Columbia. View the website at: www.codeready.org

The codeReady campaign received local and national recognition. The Star Tribune featured codeReady in a front page article in June 2007. Additionally, the campaign was recognized as both a "best practice" on the Health and Human Services Pandemic Flu Leadership Blog and a "promising practice" by CIDRAP. The codeReady website

received approximately 36,000 visits in the first two months of operation and 4,953 supply kits and 2,222 emergency plans were created by web visitors during May and June 2007.

With the initial funding for the codeReady project expiring in June 2007, Hennepin County and the Joint Powers Agreement (10 Minnesota counties) are collaborating to continue funding the project with a mission to continue the social marketing campaign long term to engage all Minnesotans in emergency preparedness.

An executive team, under the direction of DPS and Hennepin County, is being formed to guide the overall direction of codeReady and to build support in the private sector. A working group has been created to manage the creation of marketing products and manage the day-to-day work.

A new codeReady marketing effort was launched in April 2008. The effort includes radio spots to raise awareness of the brand and drive the public to the codeReady website. Additionally, a codeReady brochure in multiple languages and a resource guide for businesses for use in engaging employees in emergency planning are being developed and distributed.

Minnesota Pandemic Ethics Project

In 2007 MDH contracted with ethicists from the Minnesota Center for Health Care Ethics and the University of Minnesota's Center for Bioethics to develop and lead the Minnesota Pandemic Ethics Project.

The project's primary goal is to develop ethical frameworks for how Minnesota should ration critical health-related resources in a severe influenza pandemic. To that end, a community-based resource allocation panel, expert work groups, and a protocol committee (together comprising more than 100 people) were formed as part of this project.

The project addresses the allocation of five health-related resources that are anticipated to be useful, but scarce, in a severe pandemic: antiviral medications, N95 respirators, surgical masks, pandemic vaccines, and mechanical ventilators. How best to ration them from a statewide perspective during a global public health disaster raises novel ethical issues.

The resource allocation panel first met in May 2007 and continued to meet monthly thereafter. Panel and work group discussions have guided the development of the ethical framework for rationing each of the resources.

Once the panel's initial recommendations are presented to MDH in spring 2008, the next step will be to inform, engage, and consult with Minnesotans in order to ground rationing strategies in community consent. Phase II of the project will solicit public input during a period of public comment and will include a series of public engagement activities across the state.

State–Local Coordination

Goal: Identifying LHD and MDH preparedness roles and responsibilities and creating of a tiered system based on a LHD's capacity and capabilities as part of the work of the Public Health Roles and Responsibilities Subcommittee of the SCHSAC MDH-Local Public Health Preparedness Committee.

The SCHSAC committee was charged with articulating the strategic direction and shared local public health - MDH preparedness priorities for three to five years, describing the roles that local health departments and MDH should play in achieving them, establishing measurable outcomes, and monitoring performance over time.

In 2007 the committee chose to focus on two priorities, 1) strengthening communication mechanisms around public health emergencies, and 2) defining state and local public health roles, responsibilities, and functions.

The Public Health Emergency Preparedness Communications Subcommittee identified communication strategies and activities that are working and areas needing improvement. They developed and/or adapted several tools and protocols to address the identified gaps.

The Public Health Roles and Responsibilities Subcommittee focused on identifying local health department roles and responsibilities. A tiered system of responsibilities based on a LHD's capacity and capabilities was developed. The committee recommended adoption of the tiered system and pilot testing will occur in 2008.

Regional and Local Preparedness

MDH has committed resources to ensure that regional and local partners have essential technical assistance from the state. Eight district offices serve regional/local needs and provide field service epidemiologists, public health nurse consultants, preparedness consultants, and regional hospital resource center coordinators.

MDH also enters into grant project agreements with LHDs and tribes across the state to support public health preparedness. These agreements, funded by the CDC, assist regional and local assessment, planning, surveillance and monitoring, response and recovery, workforce readiness, and communication. Local health departments and tribes received $2.6 million in 2006-07 for these efforts and have made significant pandemic planning progress in areas such as pandemic exercises, community outreach, local planning partnerships, staff training, and health alert network development and testing.

Looking Forward - 2008

Some of the early 2008 pandemic activities include:

- MDH's special populations planner is a member of a national working group looking specifically at the needs of vulnerable populations as they relate to an influenza pandemic. The group is part of the Association of State and Territorial Health Officials' (ASTHO) At-Risk Populations Project.
- Seven grant proposals were written and submitted to CDC in March, applying for competitive funding for demonstration projects designed to further pandemic influenza preparedness and response.
- Antiviral medication distribution planning continues for allocation of the state-controlled antiviral stockpiles.
- MDH will conduct a web-based training program for local health departments on isolation and quarantine in May. Update topics will include: changes in legislation, CDC's 2007 community containment guidance, airport quarantine, new and revised forms and scripts, and lessons learned from local public health on essential service planning.
- MDH's refugee health consultant will be participating in a CDC planning conference in May on pandemic preparedness and response focusing on immigrant and refugee populations.
- MDH will join other Minnesota state agencies and representatives from five neighboring states at the Federal Emergency Management Agency (FEMA) Region V Senior Executive Pandemic Seminar in May. The seminar is designed to increase collective awareness of the health, economic, social, legal, cross border, and quarantine issues that are expected to arise in the event of a pandemic.
- Minnesota will be responding to the federal government's request for specific pandemic operational planning information in July 2008. The revised framework acknowledges that state government will be simultaneously striving to continue basic operations, respond to the influenza pandemic, and facilitate the maintenance of critical infrastructure.
- The Minnesota Pandemic Ethics Project will hold a period of public comment and several public engagement meetings across the state to hear views on the ethical issues related to rationing scarce resources in a pandemic.
- MDH will lead a statewide pre-pandemic influenza vaccine distribution functional exercise in July, collaborating with local and tribal health departments across the state.
- A training plan for business continuity needs within the agency is being developed, as well as planning for a second telecommuting exercise to be held in June.

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