

Hazard Appendix 5 – Tab A Pandemic Influenza Plan

July 19, 2006
Version 1.0

Purpose

The purpose of this plan is to prepare for a worldwide increase in influenza cases that would cause disruption of normal medical, commercial and governmental services.

Situation

An epidemic of influenza will trigger a Public Health response in an effort to coordinate efficient vaccination, public education, surveillance, and coordinate on support for the homebound population. Some services normally provided by Lane County Health and Human Services may be reduced or eliminated depending upon the number of people affected.

Assumptions

- There should be a warning of several weeks to months of a pandemic.
- The response may last from months to a year or more. The CDC will announce the beginning and termination of the various phases of a pandemic.
- There may be multiple waves of infection.
- There will be little to no outside assistance available since neighboring cities counties and states will be reacting to similar situations.
- Health care workers and responders may be the first to become ill. Hospital staff vaccination rates are currently about 50%.
- Vaccine availability may be limited or only partially effective.
- In an attack rate of 35% over a 12 week period, Lane County would experience approximately 325 deaths, 1,400 hospitalizations and 61,000 outpatient visits (based on Flu-Aid program).
- Messages will be updated throughout phases to convey the latest information.
- There may be limited hospital staff due to the number of them ill with the flu.
- There are a limited number of ventilators in 3 hospitals in Lane County.

- Public Health will contact Lane County emergency management will when Public Health needs additional resources or assistance with management of the situation.

Definitions

Interpandemic period – No new influenza virus subtypes have been detected in humans

- Phase 1: An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low.
- Phase 2: A circulating animal influenza subtype poses a substantial risk of human disease.

Pandemic Alert period – Influenza virus subtypes detected in humans

- Phase 3: New or “novel” virus detected in one or more humans. There is little or no immunity in the general population.
- Phase 4 and 5: Novel virus demonstrates limited person-to-person transmission and causes localized spread, suggesting the virus is not well adapted to humans. As clusters of cases become larger, the virus may be becoming better adapted to humans.

Pandemic Period – Novel virus causes unusually high rates of morbidity and/or mortality in multiple, widespread geographic areas.

Pandemic phase in the US – Further spread with involvement of multiple continents including the US.

Second Wave – Recurrence of epidemic activity within several months following the initial wave of infection.

Active Surveillance – The timely, active seeking of information so that systematic collection, collation and analysis of data can be done. Also fundamental is the rapid dissemination of information to those who need to know so action can be taken.

Passive Surveillance – Receiving reports of suspect and/or confirmed cases of disease from health care providers, labs and/or other public health agencies.

Procedures

The plan will address surveillance, vaccine and anti-viral distribution, communication and maintenance of health services and essential community functions.

Surveillance

1. *Interpandemic period*
 - Passive surveillance
 - Facilitate, when needed, local clinical specimen collection to “rule-out” influenza.
 - Notify physicians of the geographic origin of potential cases, clinical symptoms, diagnosis, treatment and prophylaxis.
2. *Pandemic Alert period, Phase 3*
 - Passive surveillance
3. *Pandemic Alert period, Phase 4 and 5*
 - Update selected health care providers via e-mail
4. *Pandemic Period*
 - Broadcast fax notice of the pandemic to selected health care providers
 - Determine if there are any demographic characteristics that should be added to Lane County’s high-risk population category
 - Consult with DHS epidemiologist regarding recommendations for increased local provider lab testing and coordinate expanded testing with local physicians
 - Request regular local reporting of case counts from hospitals, UO Student Health Center and other medical groups
5. *Pandemic phase in the US*
 - Active surveillance
 - Monitor the number and type, if known, of hospitalized flu cases
 - Establish bed and room availability reporting system
 - Monitor state surveillance indicating possible shifts in demographics of cases. Adjust definition of high-risk population based on their findings
 - Facilitate surveillance and screening at the Eugene airport, train station, bus station and students arriving at the UO
 1. Provide airport, bus station and train station with information to provide to travelers arriving from affected areas in the U.S.

2. Direct symptomatic travelers to contact Lane County Public Health for assistance with medical evaluation

6. *Second wave*

- Active surveillance

Vaccine and Antiviral delivery

1. *Interpandemic period*

- Target high-risk populations and hold vaccination clinics.
- Publicize the importance of flu and pneumococcal vaccination among the elderly and immune-compromised and other CDC identified high risk groups.
- Coordinate delivery of vaccine with the health care community.

2. *Pandemic Alert period, Phase 3*

Same

3. *Pandemic Alert period, Phase 4 and 5*

- Determine which groups are at high risk and use public information systems to inform these groups of the need to be vaccinated as well as where and when
- Determine vaccine availability and distribute appropriately
- Provide information in alternate formats and languages
- Assess quantities of antiviral and antimicrobial supplies
- Train additional staff to administer the vaccine

4. *Pandemic period*

- Request inventory of vaccine, antiviral & pneumococcal vaccine from health care community

Pandemic period in US

- Coordinate dissemination and reallocation of antiviral with the health care community
- Continue vaccination of high-risk individuals. Determine if mass clinics for administration of antivirals or vaccination is needed

5. *Second-wave*

- Use interim period to address shortfalls in vaccine, antiviral supplies and personnel in preparation for resurgence of disease

Communication

1. Interpandemic period

- Use websites and news releases to deliver information to the public on the importance of vaccination for flu and pneumonia
- Provide vaccine availability information and clinic schedules throughout Lane County
- Provide information in alternate languages and coordinate the message with health care providers

2. Pandemic Alert period, Phase 3

- Inform selected health care providers of the flu alert
- Arrange speaking engagements with key leadership and community groups, and issue media releases
- Distribute fact sheets on vaccine, its side effects, use of antivirals, managing flu symptoms and treatment recommendations
- Alert public about traveling to affected areas

3. Pandemic Alert period, Phase 4 and 5

- Broadcast fax notice of the pandemic alert to selected health care providers
- Provide critical public health and safety training and address local public health concerns in the media
- Coordinate training on vaccine administration for qualified volunteers
- Advertise that only those that are high-risk will receive vaccine

4. Pandemic period

- Issue media releases on good cough hygiene and hand washing
- Educate the public on disease prevention
- Update the Flu Phone-Line to answer questions
- Continue vaccination among the high-risk populations
- Provide multi-language information on vaccination and possible side effects on the County web site and the Flu Phone-Line
- Communicate the allocation and reallocation plan for antivirals and vaccine

- Work with health care providers and the media to publicize criteria for hospitalization vs. self-care
- Work with the County PIO to establish regularly scheduled news conferences to update the public and the health care community

5. *Pandemic period in the US*

- Explain the importance of isolation and quarantine for the containment of the disease
- Update Flu Phone-Line, county web sites and media as necessary

6. *Second Wave*

- Maintain media visibility between the first and second wave. Continue with educational efforts

Maintenance of Health and Community Services

1. *Interpandemic period*

- Encourage critical service providers be vaccinated

2. *Pandemic Alert period, Phase 3*

- Review vaccination plan and list of volunteers trained for working in vaccination clinics

3. *Pandemic Alert period, Phase 4 and 5*

- Vaccinate as many critical health and safety service providers as possible, if vaccine is available

4. *Pandemic period*

- Meet with critical service providers and coordinate actions to be taken in response to the pandemic
 - Assess availability of personnel, supplies and materials needed for infection control
 - Assess local hospital capacity to care for severe respiratory illness

5. *Pandemic period in the US*

- Within ability, LCPH will assist local hospitals with resource shortage issues
- Ensure access to Personal Protective Equipment (PPE) for healthcare workers and high risk populations

- Recommend to government, university and college officials cancel events and school
- Work with health care providers and the media to publicize criteria for hospitalization vs. self-care
- Facilitate social services for ill homebound people
- Prepare referral information and advice on off-site clinic locations which may be set up in the event the health care system is overwhelmed
- Communicate with hospitals and review their isolation and personal protection measures.
- Mobilize public safety personnel to enforce isolation and quarantine orders as necessary

6. *Second Wave*

- Accumulate as many supplies and trained volunteers to respond to the next wave as possible
- Communicate with community leaders and re-emphasize community wide infection control measures (school closings, limited public gatherings)
- Continue education of the community on preventing the spread of disease

Attachments

Attachment 1: Pandemic Influenza Plan Summary

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	Surveillance	Vaccine & Anti-viral Delivery	Communication	Maintenance of Health and Community Services
Interpandemic Period	<ul style="list-style-type: none"> Passive surveillance Facilitate specimen collection Notify MD of geographic origin of potential cases 	<ul style="list-style-type: none"> Target high-risk populations & hold vaccination clinics Conduct education & awareness campaigns Coordinate delivery of vaccine 	<ul style="list-style-type: none"> Use websites and news releases to deliver info to public on importance of vaccination Provide vaccine availability and clinic schedules Provide info in alternate languages 	<ul style="list-style-type: none"> Encourage critical service providers to be vaccinated
Pandemic Alert	<ul style="list-style-type: none"> Update selected health care providers via e-mail 	<ul style="list-style-type: none"> Target high risk groups for vaccination awareness Advise local health care providers on vaccination criteria Assess quantities of vaccine supplies Train additional staff to administer vaccine 	<ul style="list-style-type: none"> Send notice of flu alert Engage community Distribute fact sheets on vaccine Alert public about traveling to affected areas Coordinate training on vaccine administration 	<ul style="list-style-type: none"> Review vaccination plan and list of volunteers trained for working in vaccination clinics Vaccinate as many critical health & safety providers as possible
Pandemic Period	<ul style="list-style-type: none"> Broadcast fax to selected health care providers Reassess the high-risk population definition Consult with DHS epidemiologist for recommendations on testing 	<ul style="list-style-type: none"> Re-inventory antiviral and pneumococcal vaccine 	<ul style="list-style-type: none"> Educate public on disease prevention and good hygiene procedures Update Flu Phone-Line Continue vaccination Communicate the allocation and reallocation plan for vaccine Work with medical community to determine criteria for hospitalization vs. self-care Regularly update public 	<ul style="list-style-type: none"> Meet with critical service providers and coordinate actions to be taken in response to pandemic Assess the availability of personnel, supplies and materials needed for infection control Assess hospital capacity
Pandemic in U.S.	<ul style="list-style-type: none"> Active Surveillance Monitor hospitalized flu cases Establish bed & room availability reporting system Monitor state surveillance Facilitate surveillance at airport, train station, bus station, and students arriving at UO 	<ul style="list-style-type: none"> Coordinate dissemination and reallocation of antiviral with the health care community Continue vaccination of high-risk individuals 	<ul style="list-style-type: none"> Communicate importance of isolation and quarantine Update Flu Phone-Line 	<ul style="list-style-type: none"> Assist as able with local hospital resource shortages Ensure access to PPE Recommend to Gov. UO, & others to cancel public events Publicize criteria for hospitalization vs. self care Mobilize public safety personnel to enforce isolation and quarantine orders as necessary
Second Wave	<ul style="list-style-type: none"> Active surveillance 	<ul style="list-style-type: none"> Use break in waves to address shortages in vaccine & other supplies & prepare for resurgence of disease 	<ul style="list-style-type: none"> Maintain media visibility between the first and second wave & continue educational efforts 	<ul style="list-style-type: none"> Accumulate supplies and trained volunteers to respond to the next wave Re-emphasize community wide infection control measures Continue prevention messages in the community

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