

## **Pandemic Influenza: Planning and Execution for Law Enforcement Response**

**Satellite Conference and Live Webcast  
Wednesday, February 28, 2007  
8:30 a.m. - 11:30 a.m. (Central Time)**

**Produced by the Alabama Department of Public Health  
Video Communications and Distance Learning Division**

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## **Program Objectives**

- **Define Pandemic Influenza.**
- **Describe the difference between Avian Flu, the Pandemic Flu, and the yearly seasonal flu.**
- **Define law enforcement's role in a pandemic within the agriculture community.**

## **Program Objectives**

- **Discuss the role of law enforcement during a pandemic.**
- **Discuss the importance of personal protective equipment (PPE) to the law enforcement responder.**
- **Define steps in law enforcement planning for a pandemic.**

**Preparing for Pandemic  
Influenza  
Response of Alabama  
Department of Public Health**

Donald E. Williamson, M.D.  
State Health Officer

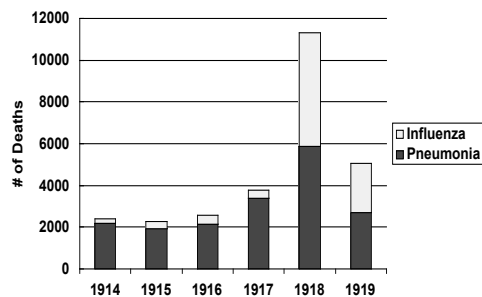
**1918 – 1919  
Pandemic in Alabama**

- 9/28/1918 – first case reported in AL (Huntsville)
- 10/05/1918 – More than 1100 cases in Huntsville
- 10/07/1918 – Governor Henderson issued proclamation calling for “closing of schools, churches, theatres and picture shows...”
- 10/13/1918 – 2367 cases at Camp Sheridan (outside Montgomery)

**1918 – 1919  
Pandemic in Alabama**

- 10/13/1918 - All physicians, druggists and prescription clerks in Huntsville, except one, ill with influenza
- 10/15/1918 - Huntsville: Business demoralized; Postal Service crippled; Alabama Power having difficulty finding employees; Business ordered to curtail hours of operation
- 10/22/1918 - 12,000 cases reported in Montgomery

**Alabama Influenza & Pneumonia  
Deaths 1914 - 1919**



**HHS Federal Planning  
Assumptions**

- Attack rate of 30% or higher
  - 40% among school-aged children
  - 20% among working adults
- 1/2 of those ill will seek care
- Plan for “most severe” scenario

**HHS Federal Planning  
Assumptions**

- Viral shedding
  - One day before to 5 days after onset
  - Highest 2 days after onset
  - Children shed more
- One sick person will make 2 sick
- Outbreaks 6-8 weeks
- Multiple waves

## Absenteeism - Up to 40% Because Of

- Illness
- Fear of infection
- Care provision
- Public Health recommendations
  - Voluntary isolation
  - Voluntary quarantine
  - Social distancing

## Forecasted Impact of Pandemic Influenza

Characteristic	Alabama	
	Moderate (1958/68-like)	Severe (1918-like)
Illness (30%)	1.35 million	1.35 million
Outpatient Medical Care (50%)	675,000	675,000
Hospitalization	12,975	148,500
ICU care	1,931	22,275
Mechanical ventilation	973	11,183
Deaths	3,135	28,545

## WHO Phase of Pandemic Alert

Inter-pandemic Phase	Low risk of human cases	1
New Virus in animals, no human cases	Higher risk of human cases	2
Pandemic Alert	No or very limited human to human transmission	3
New virus causes human cases	Evidence of increased human to human transmission	4
	Evidence of significant human to human transmission	5
Pandemic	Efficient and sustained human to human transmission	6

## Interventions

- Plan and exercise
- Communicate/coordinate
- Detect
- Avoid exposure
- Expand care capacity
- Treat and provide prophylaxis
- Vaccinate

## Plan

- Federal "checklists" - [www.pandemicflu.gov](http://www.pandemicflu.gov)
  - State and local planning
  - Businesses
  - Individuals and families
  - Community and faith-based organizations
  - Education
  - Home health care

## Plan

- [www.adph.org/pandemicflu](http://www.adph.org/pandemicflu)
- [www.cdc.gov](http://www.cdc.gov)
- [www.who.int/en](http://www.who.int/en)

### **Business Checklist (35 items)**

- Plan for impact on your business
  - Identify essential employees and critical inputs
  - Train and prepare ancillary workforce
- Plan for impact on employees and customers
  - Forecast and allow employee absences
  - Reduce face-to-face contact

### **Individuals and Families**

- Stockpile
  - Food and water
  - Drugs
    - Prescription
    - Non-prescription
- Family members
  - What do they need if they get sick?
  - How would you care for them at home?
- Train
  - Cough etiquette
  - Stay home if sick

### **Exercise**

- Mass vaccination clinics
- Upcoming school-closing table top exercise

### **Communicate/Coordinate**

- HHS Statewide Pandemic Influenza Summit in Birmingham, February 22, 2006
- ADPH Advisory Council
- County-level PI Summits
- Multiple presentations to associations, businesses, faith-based organizations and governmental agencies

### **Communicate/Coordinate**

- Development of presentation kits for all public and private schools
- Collaborating with healthcare sector (e.g., ventilator guidelines)
- Assisting agencies with continuation of operations planning

### **Other Examples**

- Printed messages
  - Flu and You
  - Germ Stopper
  - Cover your Cough
- Video satellite communications
  - Downlink capabilities in all hospitals, county health departments, and county extension offices

### **Other Examples**

- Health alert network
- 800 MHz radio system with hospitals and health departments

### **Detect - Laboratory Testing**

- Year-round testing for influenza at ADPH laboratories now underway, including PCR in BSL-3 lab
- Upgraded laboratory testing facilities
- Network of sentinel physicians who report influenza-like illness and submit specimens

### **Improving Hospital Readiness**

- Equipment
  - Negative isolation
  - Decontamination
  - Surge-capacity trailers
  - Personal protection
- Communications
  - Satellite downlink
  - Radio phones
- Pharmaceuticals

### **Expand Care Capacity**

- Extra hospital beds
  - 7000 beds are available
    - 3000 are staffed
    - 4000 require supplies and staff
  - ADPH has 800 medical cots
- Negative-pressure rooms
  - Hospitals - total of 608 rooms
  - Community health centers - 77 portable isolation equipment

### **Recruitment of Volunteers**

- ADPH intends to serve as a hub for physician volunteers - <http://www.adph.org>
- Physicians to volunteer for:
  - Medical-needs shelters
  - Transitional shelters
  - Hospitals
  - Clinics
  - Delivery of pharmaceuticals
  - Other agencies (Medical Reserve Corps, AAFP, etc.)

### **Challenges of Limited Supply of Antivirals**

- Initial supplies will be limited
  - Not enough for all who would benefit
- How to prioritize vaccine and drugs
  - Effective communication to the public
  - Differences of opinion about the order of priority

### **HHS Antiviral Drug Priority Groups**

- Patients admitted to hospital
- Healthcare workers with direct patient contact
- High-risk outpatients
- Pandemic health responders
- Increased-risk outpatients
- Outbreak responders in nursing homes

### **HHS Antiviral Drug Priority Groups**

- Healthcare workers in special units
- Pandemic societal responders
- Other outpatients
- Highest-risk outpatients
- Other healthcare workers with direct patient contact
- Where should the Southern Company be on the list?

### **Antivirals in Alabama**

- Have 31,000 5-day packages of Tamiflu® for hospital workers
- Federal government offer to purchase and stockpile antivirals
  - 44 million treatment courses paid and stockpiled by federal government plus
  - 37 million courses, 3/4 paid and stockpiled by state

### **Antivirals in Alabama**

- Alabama's share = 472,860 courses
- Purchase by July 2007
- 90:10 split of Tamiflu®:Relenza®
- Conditional state appropriation of \$22 million

### **Vaccinate**

- Availability of vaccine will lag behind the pandemic
  - 6 months into pandemic before vaccine available
  - Dosing uncertain
- Priority groups established by HHS

### **HHS Vaccine Priority Groups**

- Tiers (4), subtiers (6) and subgroups (21)
- Tier 1(10 groups)
  - Vaccine and antiviral manufacturers
  - Medical workers and public health workers with direct patient contact
  - Key government leaders—10th

### **HHS Vaccine Priority Groups**

- Transportation workers (Tier 2, 17th)
- Funeral directors (Tier 3, 20th)
- Other healthy people aged 2-64 years (Tier 4, 21st)

### **Exposure Avoidance**

- Isolation
- Masks
- Respiratory hygiene/cough etiquette
- Wash hands
- Increase “social distance”

### **Voluntary Isolation, Quarantine, and Social Distancing**

- Stay home when sick
- Home quarantine for household contacts
- Social distancing measures
  - School closures (may have profound impact)
  - Workplace continuity of operations (consider liberal leave, telecommuting or closure)

### **Voluntary Isolation, Quarantine, and Social Distancing**

- Cancellation of public events
  - Sporting events
  - Churches
  - Shopping malls
  - Office buildings
  - Public transportation

### **Isolation**

- Sick persons should minimize their exposure to others
- Institutionalized sick persons should be isolated or cohorted separately
- Coughing patients can be masked

### **Masks**

- N-95 Mask
  - Direct patient care or contact
- Surgical Mask
  - Patient care if N-95 type respirator not available
  - Coughing persons
  - Asymptomatic persons (?)
  - Limited evidence they work, but they will not hurt
  - Further CDC guidance “in preparation”

### **Masks**

- ADPH has purchased
  - 400,000 N-95 masks for healthcare workers
  - 130,000 N-95 masks for community health centers
  - 1,000,000 surgical masks

### **Respiratory Hygiene/Cough Etiquette Washing Hands**

- Cover nose and mouth when coughing or sneezing
  - Use tissues and properly dispose of them
  - Otherwise, use your sleeve, not hands
- Wash hands
  - Soap and water
  - Alcohol-based hand rub

### **Increase Social Distance**

- Quarantine exposed persons
- Close (?)
  - Schools
  - Group gatherings
  - Sporting events
  - Churches
  - Shopping malls
  - Office buildings
  - Public transportation
- Society of hermits?

### **Are You Personally Ready?**

- Have you
  - Discussed PI with your family?
  - Started a stockpile for 2 weeks?
  - Educated your family about infection control measures?
  - Compiled a list of important numbers, immunization records, where to meet family, and a list of prescriptions?

### **Are You Organizationally Ready?**

- Has your organization educated staff about pandemic influenza?
- Has your organization educated staff about infection control measures and preparations to take at home?
- Does your organization have a long-term emergency human resource policy?

### **Are You Organizationally Ready?**

- Does your organization have a COOP plan for pandemic influenza?
- How would you like your organization to be notified if the Pandemic Phase is increased?



## Avian Influenza “Bird Flu”

Tony Frazier, DVM  
State Veterinarian  
Alabama Department of Agriculture

## Avian Influenza

- Orthomyxovirus (type A)
  - Classified by 16 Hemagglutinin and 9 Neuraminidase antigens
- Waterfowl are natural reservoir of virus
  - Asymptomatic, excrete virus in feces
- Highly transmissible
- Relatively susceptible to disinfection

## Influenza Typing: H and N

- Hemagglutination: H
- Neuraminidase: N
- Examples
  - H7N2, H5N1, H9N3
  - $9 \times 16 = 144$  combinations

NA (neuraminidase) HA (haemagglutinin)

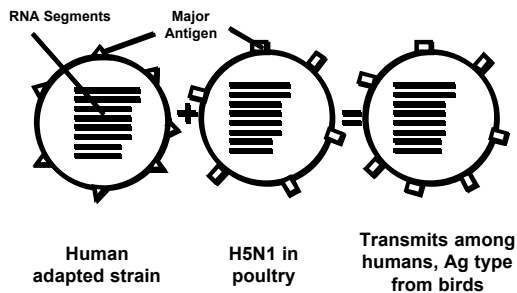


## Influenza Hemagglutinins 16 Total

	H1	H2	H3	H4-16
Human	+	+	+	
Swine	+		+	
Equine			+	H7
Avian	+	+	+	+(H5, H7)

## Reassortment

antigenic shift; how pandemic viruses are born



## Transmissibility

- Virus easily spread on shoes, clothing, crates, equipment, vehicles
- AI readily spreads from bird-to-bird, and farm-to-farm
- Live bird markets are reservoirs and high risk

## Influenza and Poultry

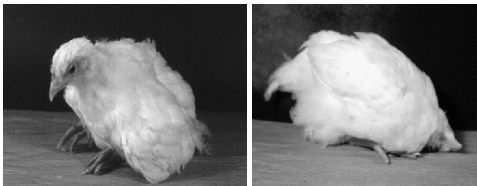
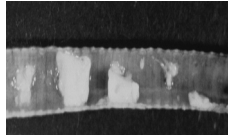
- Poultry, including chickens and turkeys, are non-natural hosts for avian influenza viruses
  - The virus will genetically adapt to gallinaceous birds
  - Once adapted, the virus will not replicate well, if at all in waterfowl

## Disease in Poultry

- Strain dependent
- Runs the extremes
  - Low Pathogenic
    - Sub-clinical infection
    - Primarily respiratory
    - Decreased egg production
  - Highly Pathogenic
    - Apocalyptic: 100% mortality within 24 hours of exposure (no time for clinical signs to develop)

## High Path AI

- Sudden onset high mortality
- Depression
- +/- Nervous signs



## AI Developments

- Human infection and sero-conversion to poultry AI strains is more common than previously thought
- Fatal human infections with H5N1 and other High Path AI
  - SE Asia and Netherlands

## Asian H5N1 HPAI

- H5N1 High Path AI has acquired unusual traits
  - Fatal for cats (flu-resistant species) and spreads among cats in same environment
  - Ducks have unusually high and prolonged virus shed rate
  - Virus is killing some migratory birds

## Asian H5N1 HPAI

- Comparing 1997 H5N1 to 2004 isolates
  - Becoming more deadly in poultry and in mammals (mouse and ferret models)
  - 2004 viruses survive longer in environment than 1997 virus

**Cross species transmission of influenza is a very rare event!**

### **Lbm's: A Great Place for a Virus to Grow-up**

- Poor bio-security
- Routine intermingling of different species
- Constant influx of susceptible animals

### **OIE**

- 27 September 2004 "The avian influenza epidemic in Asia is a "crisis of global importance"
- "Recent outbreaks in China, Vietnam, Cambodia, Malaysia and Thailand show that the virus continues to circulate....and will not probably be eradicated in the near future"

### **OIE**

- "More research is urgently needed as the role of wildlife, domestic ducks and pigs in transmitting the virus..... is still not fully understood."
- "A permanent threat to animal and human health continues to exist."

### **Economic Impact of END/AI in Alabama**

- 1,000,000 chickens @ \$2.10 = \$2.1 M
- 850 workers idled; \$300,000 pay/week
- Disposal of 6,500,000 chickens @ 0.12/lb = \$780,000
- 545 vacant chicken houses, \$1,200 per week mortgage = \$654,000 unpaid mortgages/wk
- Farm foreclosures
- Clean-up costs = \$2 M
- Ramp-up to start production = \$2 M

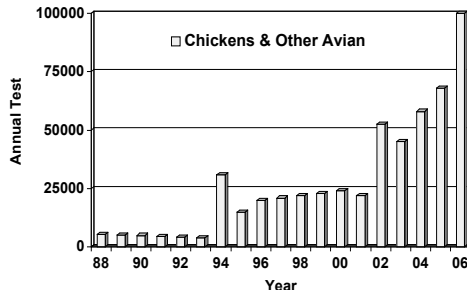
### **Economic Impact END/AI**

- For each \$1.00 lost directly, \$3.91 lost statewide
- If entire state production sidelined
  - \$40 M direct losses
  - \$50 M indirect per week statewide
  - \$10-15 M statewide unserviced debt
  - 20,000 company employees idled
  - 20-30,000 allied industries employees idled
- Exports stop, surrounding states affected

### AI Focus

- Healthy commercial poultry
- Diseased commercial poultry
- Backyard/noncommercial
- Wild bird and waterfowl
- Alabama Avian Health Advisory Board
- Alabama Bioterrorism Taskforce
- National Animal Laboratory Health Network (NAHLN)
- Foreign Animal Disease Training for Veterinarians

### AI Serological Surveillance: Alabama State Diagnostic Laboratories



### Alabama Noncommercial Poultry Flocks Real-time PCR for AI: 2006

Classification	No. Groups Tested	No. Positive
NPIP Flocks	232 flocks / 2391 birds	0
Flea Markets / Auctions	134 flocks / 796 birds	0
Upland Game	27 flocks / 840 birds	0
Fairs	76 flocks / 287 birds	0
Misc.	242 flocks / 314 birds	0
<b>TOTAL</b>	<b>711 flocks / 4628 birds</b>	<b>0</b>

### Diseased Poultry Surveillance

- All sick poultry submitted to Alabama lab
  - Necropsy (lesions of AI)
  - Blood test for AI
  - AI Virus isolation in fertile chicken embryos
  - Real-time PCR for AI
- In addition to laboratory diagnostic investigation to determine cause of illness

### Backyard and Live Market Poultry

- National Animal Laboratory Health Network
- Molecular diagnostic test for AI and Exotic Newcastle Disease
- Samples come from
  - NPIP Program flocks
  - Flea markets, trade days, parking lot sales at auctions

### Wild Birds and Waterfowl

- NAHLN
  - Alabama Department of Conservation and Natural Resources
  - Goal 1,200 birds in 2006
- Auburn University Raptor Center
- General Public

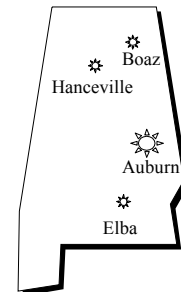
## Alabama Response

- Poultry growers
- Poultry company personnel
- Diagnostic laboratories
- Commissioner of Agriculture
- State Veterinarian
- Department of Public Health

ALABAMA  
PROCEDURE MANUAL  
FOR MANAGEMENT  
OF  
INITIAL OUTBREAK  
OF  
AVIAN INFLUENZA

## Animal Disease Diagnostic Laboratories FY 04

Cattle	2,381
Pigs	202
Sheep/Goats	453
Horses	1,230
Poultry	9,647
Wildlife/other	1,292
Dogs	4,767
Cats	881
<b>Total Cases</b>	<b>20,398</b>
<b>Total Test</b>	<b>798,884</b>



## Disease Scenario: Cullman County, Alabama

- Largest producer of poultry and beef in Alabama
- Foreign Animal Disease threats
  - Poultry
    - Exotic Newcastle disease
    - Highly pathogenic Avian influenza
  - Cattle
    - Foot and mouth disease

## Agricultural Economic and Social Issues

- Trauma of losses, family stress
- Lost income
- Cash flow
- Loan payments
- Jobs
- Schools
- Banks
- Community activities
- Environmental issues
- Influx of State and Federal government
- Media focus

## LEO Protection: Recommendations for Contact with Influenza H5N1 Infected Individuals

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Division of Protective Medicine 2007 ©

## Critical Point

H5N1, in its current form, does not usually infect people, although human cases of H5N1 infection associated with these outbreaks are being reported. Most of these cases have occurred from direct or close contact with infected poultry, feces or contaminated surfaces; however, a few rare cases of human-to-human spread of H5N1 virus have occurred, though transmission has not continued beyond one person.

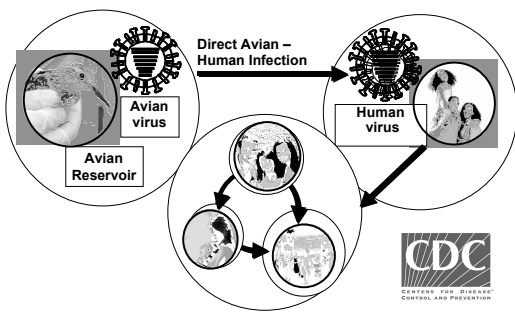
### WHO Stage Continuum

Inter-pandemic Phase	Low risk of human cases	1
New Virus in animals, no human cases	Higher risk of human cases	2
Pandemic Alert	No or very limited human to human transmission	3
New virus causes human cases	Evidence of increased human to human transmission	4
Pandemic	Evidence of significant human to human transmission	5
	Efficient and sustained human to human transmission	6

### Protection of LEOs

- The possibility that law enforcement officers could come into contact with influenza infected individuals or suspects must be addressed.
- Members of all law enforcement agencies must be trained and prepared to protect themselves from infectious agents, especially H5N1 influenza.

### Pandemic Strain Emergence: Direct Infection



### How Could You Get Infected?

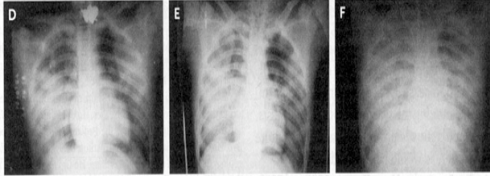
- The H5N1 virus can live for up to 30 days in poultry feces.

If H5N1 mutates into a transmissible person to person form (respiratory droplets), law enforcement officers will need medically-based policies and procedures for their safety.

### Healthy Lungs



## H5N1 Influenza Severe Pneumonia - Vietnam 2004



DAY 5

DAY 7

DAY 10

Symptoms: Fever, chills, muscle ache, cough and progressive shortness of breath. Incubation period of 2-8 days.

Based upon the lessons learned from the 2003 SARS epidemic in China and Canada, law enforcement officers will need: respiratory, eye and skin protection.

Suspects or prisoners with a potentially infectious disease should be interviewed and transported with a surgical mask in place.

## Court Orders for Quarantine or Isolation May Be Issued

- Section 361 (b) of Public Health Service Act (42 U.S.C. 264(b) and Executive Order 13295
- Cholera
- Diphtheria
- Infectious Tuberculosis
- Plague

## Court Orders for Quarantine or Isolation May Be Issued

- Smallpox
- Yellow Fever
- Viral Hemorrhagic Fevers
- SARS
- Novel or re-emergent influenza (April, 2005)

## Quarantine and Isolation

- Officers/agents cannot go face-to-face with an individual, suspect or animal with a potentially fatal infectious disease without proper training and personal protective equipment.

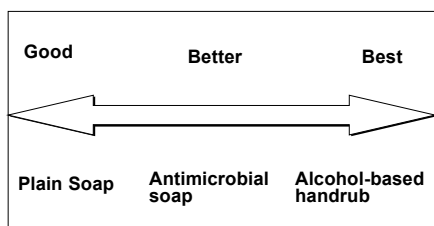
**The Secret to Your Success  
and Survival is  
Personal Protective Equipment**

- A properly fitted N95 mask will provide the officer with respiratory protection.
- Placement of a surgical mask on a potentially infectious individual or suspect will reduce officer risk.

- When do you need to change your mask?
  - When the mask is saturated from moisture or contaminated.
  - When the mask is crushed or deformed.
- No need to wear your mask if not within 6 feet of a potentially infectious patient or suspect.
- Vented N-95 masks will reduce moisture build-up and provide longer protection.

- Standard Officer PPE:
  - N 95 Mask
  - Eye protection
  - Gloves
  - Alcohol-based gel
    - (60-90% alcohol)

**Efficacy of Hand Washing Preparations in Killing Bacteria and Viruses**



**Officer Protection**

Universal Precautions			
	Mask	Gloves	Hand hygiene
Fever with rash	Yes	Yes	Yes
Cough with fever	Yes	Yes	Yes
Cough, fever, travel history	Yes	Yes	Yes

Eye protection is critical, also wear goggles or glasses when interacting with potentially infectious individuals



### **LEO Recommendations**

- **Appoint Departmental Avian Flu Coordinator: Responsible for plans**
- **Provide educational resources and recommendations to agency personnel and their families**
- **Purchase cache of N95 masks for sworn and non-sworn personnel**

### **LEO Recommendations**

- **Purchase cache of surgical masks.**
- **Establish a fit testing program for N95 (required if mandatory equipment).**
- **Establish sick leave policies modeled upon Toronto PD, 2003 SARS outbreak.**

### **LEO Recommendations**

- **Determine availability of local and state antiviral (Tamiflu) supplies. LEO dedicated cache versus shared agency cache.**
- **Develop policies and procedures for public and suspect interaction.**
- **Develop policies and procedures for post-arrest management of symptomatic suspects.**

### **PPE Recommendations:**

- **N 95 masks (within 6 feet) (Current OSHA guidelines require fit testing)**
- **Eye protection (within 6 feet)**
- **Gloves (any physical contact)**
- **Alcohol-based gel (personal, in vehicle and stations)**

### **PPE Recommendations:**

- **N 95 mask use if within 6 feet of an individual or suspect with respiratory symptoms**
- **Place surgical mask on suspect**
- **Officers with symptoms (fever, chills, cough) WILL NOT report for duty**

### **Countermeasures: Vaccines, Antivirals, PPE and Medical Supplies**

**Strategic National Stockpile**

### **Protecting Your Agency**

- Plan for impact on agency
- Protect employees and their families
- Establish policies
- Allocate/obtain resources
- Engage employees
- Coordinate with external organizations
- <http://www.pandemicflu.gov/>

### **Is the World Prepared?**

- “No. Despite an advance warning that has lasted almost two years, the world is ill-prepared to defend itself during a pandemic. WHO has urged all countries to develop preparedness plans, but only around 40 have done so. WHO has further urged countries with adequate resources to stockpile antiviral drugs nationally for use at the start of a pandemic.

### **Is the World Prepared?**

- Around 30 countries are purchasing large quantities of these drugs, but the manufacturer has no capacity to fill these orders immediately. On present trends, most developing countries will have no access to vaccines and antiviral drugs throughout the duration of a pandemic.” WHO 8/06  
[www.who.int/csr/disease/avianinfluenza](http://www.who.int/csr/disease/avianinfluenza)

### **University of Louisville Division of Protective Medicine**

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### **Preparing Justice For a Pandemic**

### **Preparing Justice For a Pandemic**

- "A new strain of influenza virus has been found in birds in Asia, and has shown that it can infect humans. If this virus undergoes further change, it could very well result in the next human pandemic."  
–President George W. Bush,  
National Strategy for  
Pandemic Influenza

### **Animal Cases of Avian Flu**

- 58 countries have confirmed cases of H5N1 Avian Flu in wild birds and/or poultry.
- Delaware confirmed two separate outbreaks of H1N1 Avian Flu in February 2004.
- A strain of H5 bird flu was found in Canada earlier this year.

### **What Could a Pandemic Do in the U.S.?**

- A “medium-level” pandemic could:
  - Kill anywhere between 89,000 and 207,000 people.
  - Affect between 15 and 35 percent of the population.
  - Cost between \$71 billion and \$167 billion in economic and other damages.

### **What Would Happen to the Criminal Justice System?**

- Staffing shortages
- Demand for services will spike
- New legal issues will arise
- Need for personal protection equipment

### **Why You Should Plan**

- Earth, wind, and fire versus pandemic
- Seven elements differ from the 11 known to emergency preparedness planning, also known as COOP

### **Why You Should Plan**

- New partner: public health and the executive branch
- Justice’s goal is preserve the rule of law
- Public health’s goal is use the law to protect health
- Public health is grounded in administrative law approach, not adjudicative

### **Ways Justice Officials Can Prepare and Respond**

- Collaborative planning
- Understand your legal authority:
  - Prepare Public Health Law Bench Books
  - Examine your state laws pertinent to a public health emergency
- Consult HR about personnel and family policies

### **Ways Justice Officials Can Prepare and Respond**

- Identify and prioritize mission critical functions
- Develop plans for performing under adverse conditions
- Learn about personal protection equipment before a pandemic occurs
- Investigate ability to use ex parte hearings

### **Current Approaches**

- Outline preparedness and response actions for your level of government, business, and family:
  - Be sure to clearly define roles.
  - Have longer lines of succession than in normal COOP.
  - Be sure responsible person has authority to act.

### **Current Approaches**

- Include all parties involved in the response in your planning process.
- Outline command and control and management structure.
- Continually practice, review, and revise plans.

### **Current Approaches**

- Allow interested parties to attend open planning meetings.
- Train first responders and volunteers.
- Explain why measures are being taken.
- Have a reliable source designated to brief the media.

### **BJA Support and Resources**

- National Symposium
  - On May 24-25, 2006 in Chicago, Illinois, BJA hosted a national symposium entitled **Justice and Public Health Systems Planning: Confronting a Pandemic Outbreak**. Report forthcoming.

### **BJA Support and Resources**

- Training and Technical Assistance
  - BJA engaged key partners in the law enforcement, courts, and corrections communities to develop technical assistance and training response capabilities for state and local justice agencies.

### **BJA Support and Resources**

- Three presentations initially offered at the National Symposium are available as online presentations at: [www.ojp.usdoj.gov/BJA/pandemic/resources.html](http://www.ojp.usdoj.gov/BJA/pandemic/resources.html).

–Avian and Pandemic Flu: The Delaware Experience  
Secretary David B. Mitchell

### **BJA Support and Resources**

- A Judicial Perspective on Pandemic Flu Planning: But, Will It Work in Your Neighborhood?  
The Honorable John M. Cleland
- LEO Protection: Recommendations for Contact with Influenza H5N1 Infected Individuals  
Dr. William S. Smock

### **BJA Support and Resources**

- Pandemic and Justice System web page:
  - [www.ojp.usdoj.gov/bja/pandemic/pandemic\\_main.html](http://www.ojp.usdoj.gov/bja/pandemic/pandemic_main.html).
- Contact BJA:  
[BJATrainingTA@usdoj.gov](mailto:BJATrainingTA@usdoj.gov).

### **Upcoming Programs**

Psychology of Terrorism and Psychological Counterterrorism:  
7 Things You Should Know  
Thursday, March 22, 2007  
12:00 noon - 1:30 p.m. (Central Time)

For complete listing of upcoming programs visit our website at [www.adph.org/alphtn](http://www.adph.org/alphtn)