

***Public Health Area 10 (PHA X)
Pandemic Influenza Response Plan
May 2006
(Updated July 2014)***

Introduction

Influenza viruses have the ability to cause sudden, widespread illness in all age groups on a global scale. Because influenza is highly transmissible, is prone to rapid genetic changes, and is harbored in animal reservoirs, it poses an unpredictable pandemic threat. A pandemic occurs when an influenza A virus undergoes a shift in one or both of its surface proteins to create a new or "novel" virus to which the general population has no immunity. The initial appearance of a novel virus that is easily spread in humans is the first step toward a pandemic.

The current trivalent vaccine would have no effect on the new strain of influenza and a specific monovalent vaccine could take several months to be prepared. Therefore public health departments need to develop a strategy to prepare for and reduce the effects of an influenza pandemic on a local level. This plan defines the various stages of a flu pandemic and outlines a tier of responses that can be used to mitigate the outbreak.

Partners, Stakeholders, and Participating Agencies:

Centers for Disease Control
Alabama Department of Public Health
Area 10 Hospitals
Area 10 Nursing Homes
Area 10 Physicians
Area 10 Assisted Living Facilities
Day Care Centers
Media Agencies
Local Emergency Services
The Red Cross
Local Law Enforcement
Fire Departments
Prisons
Surrounding Counties
Local Schools and Superintendents of Education
Colleges
State Laboratory
Clinical labs
Utilities
Alabama Department of Emergency Management
Alabama Department of Human Resources
Suppliers
FEMA
Industries
Mental Health

Public Health Response:

Based on the phase of the influenza pandemic, local public health departments need to respond in a tiered plan of action. Specific responses are driven by preparation for the next progression of the pandemic and the changing epidemiology of the novel virus. These responses are addressed in order below. The impact of the pandemic is measured not only in morbidity and mortality but also in the overall effect the disease has on a population.

Phases of a Pandemic and Tiered Response Levels for Public Health:

Interpandemic Period

Phase 1- No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low.

- Update and maintain internal and outside agency contact lists.
- Identify partners, stakeholders, resources, and mass vaccination site locations in each county.
- Develop area, county operations plan that integrates the local health department, the State Health Department and the local community.
- Identify special needs populations and develop contingency plans.
- Conduct traditional surveillance for seasonal influenza (e.g., outpatient visits, hospitalization, and mortality) including electronic reporting year round.
- Closely monitor human and animal surveillance data.

Interpandemic Period

Phase 2-No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.

- Coordinate with community agencies, partners and stakeholders to form a Pandemic Preparedness Coordinating Committee.
- Advocate the importance of pandemic planning to relevant decision makers.
- Educate the public, health care systems partners, response partners, businesses, community based organizations and elected leaders about influenza pandemics, expected impacts and consequences and preventive measures.
- Provide ongoing guidance to the health care system including surveillance guidelines, recommendations for clinical case management, infection control measures and laboratory testing.

Pandemic Alert Period

Phase 3-Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.

- Exercise plans using annual influenza vaccination clinics to identify deficiencies.
- Monitor Center for Disease Control (CDC) and State Directives.
- Enhance surveillance by tracking flu-like illness within PHA X and obtaining reports of positive influenza quick tests from clinic and hospitals.
- Enhance surveillance with consultations with neighboring counties and states.
- Initiate possibility of tracking influenza ER visits, admissions, and deaths through Alabama Incident Management System (AIMS).
- Identify brief regularly, and train key personnel to be mobilized in case of emergency of a new influenza virus strain.
- Train contact tracers and monitors.
- Review community education plans and message maps to prepare for public information releases.
- Immunization Division to review local and area plans for storage and shipment of vaccines.
- Inventory supplies, personal protective equipment (PPE), and order needed supplies.

Pandemic Alert Period

Phase 4-Small clusters with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.

- Convene with Pandemic Preparedness Coordinating Committee partners and stakeholders to review plans.
- Monitor directives from State Health Department, bulletins from CDC and World Health Organization (WHO) regarding clinical, epidemiological and virologic characteristics of novel variant and disseminate to County Health Department (CHD), stakeholders and partners.
- Enhance lab surveillance to detect the appearance of new influenza variants in PHA X.
- Coordinate with surveillance nurses, infection control practitioners and other health care providers to enhance surveillance for early detection.
- Monitor AIMS.
- Investigate and respond to unusual influenza outbreaks.
- Distribute information to the public and providers.
- Maintain communications with Department of Agriculture and poultry industry representatives.
- If a novel virus is identified in a resident of PHA X work with CHD staff and surveillance nurses to identify contacts, place under surveillance for illness and consult with ADPH to determine further directives.

- Consult with Division of Epidemiology regarding guidance for isolation, quarantine of cases and contacts.
- Consult with ADPH for guidance for vaccine/antivirals.
- Determine need for partial activation of PHA X EOC.

Pandemic Alert Period

Phase 5-Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasing better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).

- Stand up PHA X Incident Command.
- Area Administrator or designee to make assignments and job responsibilities according to PHA X organization chart.
- Hold staff meetings/conference calls to educate/ update county health department staff.
- Prepare for procurement of vaccine (if available) or antivirals and openings of mass vaccinations sites.
- Remain in constant communication with outside agencies, State Health Department and stakeholders.
- Plan for relief staffing.
- Collaborate with State Health Department / CDC to ensure that high risk groups and others are identified to receive antivirals and vaccine.
- Store vaccine in pre-selected areas.
- Immunization managers to monitor vaccine safety and temperature controls.
- Continue to monitor bulletins from CDC and WHO regarding clinical epidemiological and virological characters of novel variant.
- Review and revise drafts of public information documents fact sheets and guidelines.
- Review vaccine distribution plan with stakeholders and partners and modify as needed.
- Monitor availability and coordinate distribution and delivery of public sector vaccines.
- Prepare translated versions of major public information document for non-English speaking persons.

Pandemic Period

Phase 6-Pandemic Phase: increased and sustained transmission in general population.

- Update pandemic response plans
- Conferences calls or meet with Pandemic Preparedness Coordinating Committee and State Health Department to review action plans.
- In coordination with ADPH update hospitals, Emergency Management Agency (EMA), Emergency Management System (EMS), local law enforcement, and locate and private and public partners.

- Ensure high-risk groups and essential personnel receive vaccine and antiviral medications.
- Review plan for distribution of vaccine.
- Provide Alabama Department of Public Health (ADPH) with lists of public vaccination sites and schedules.
- Enhance collection of clinical specimens and transport to state lab.
- Finalize surveillance plans with area hospitals outlining mechanism to obtain data (AIMS).
- Implement surveillance and data collection for adverse events following use of antivirals and drug resistant strains of influenza.
- Coordinate surveillance activities with other counties, area and state health department
- Consider cancellation of all optional leave for ADPH staff.
- Institute control measures in accordance with CDC and State Health Department Division of Epidemiology (EPI).
- Monitor availability and distribution and delivery of private sector vaccines.
- Coordinate activities with other states and federal agencies
- Coordinate release of health information with state PIO.
- Monitor anti viral adverse events.
- Coordinate use of local resources including private, public and volunteer resources.
- Report pandemic related information including influenza data obtained from hospitals regularly to ADPH EPI Division.
- Assess effectiveness of local response and available local capacity.
- Assess surge capacity with hospitals.
- Implement mass vaccination clinics to administer vaccine when vaccine available.
- Coordinate with EMA/ law enforcement for crowd control and security for vaccine sites.

Second wave

- Continue all activities listed under pandemic phase.
- Reviews evaluate and modify the local pandemic response.
- Report pandemic related information regularly to ADPH.
- Continue to vaccinate.
- Monitor resource and staffing needs.
- Call for additional volunteers to relieve current staff.
- Reassess ICS and job duties as needed.
- Reopen dispensing clinics as needed.
- Update all partners.
- Reassess pandemic plans, define deficits and make changes or additions as needed.

Post Pandemic Period -Return to interpandemic period

- Disassemble PHA X EOC.
- Close and demobilize clinics.

- Assess local capacity to resume normal public health functions.
- Assess local capacity to resume normal health care delivery
- Assess fiscal impact of pandemic response.
- Report results of assessment to ADPH.
- Meet with Pandemic Preparedness Coordinating Committee and other stakeholders to discuss lessons learned.
- Modify plans based on lessons learned.

Incident Command System (ICS) for Pandemic Influenza Response:

The ICS structure itself can be used for any type of emergency mitigation. The following ICS template can be used for a public health response to disease outbreak, specifically pandemic influenza, and job duties are modulated on anticipated activities but should be kept fluid enough to deal with the unexpected problems. Specific command decisions must be made as the event unfolds and therefore this structure is simply provided as a guideline. Refer to the PHA 10 and Incident Command System Chart call down roster for personnel to staff these positions.

Incident Commander:

The Incident Commander is the person in charge of the entire event and it is their responsibility to make all the command decisions. They initiate ICS when they take command and appoint the command staff as well as the section chiefs and open the Emergency Operation Center (EOC). The commander then draws up a plan of action which is event dependent but may include any or all of the following:

- Specimen collection and transportation
- Changing surveillance from passive to active
- Initiating education and press releases through the Public Information Officer
- Notification of other agencies
- Identifying high-risk groups
- Obtaining and following federal guidelines
- Starting phone bank and data collection center
- Implementing security measures
- Documenting financial expenditures
- Calling for outside help
- Implementing disease control measures

Safety Officer, Public Information Officer, and Liaison:

These positions comprise the command staff and are permanently assigned positions within the County. During an influenza outbreak however their job duties and obligations will be solely focused on the pandemic event.

Safety Officer:

- ◆ Coordinate with EMA/ local law enforcement to ensure that security is provided at vaccination sites.
- ◆ Ensure that PPE is available for all staff and used effectively.

Public Information Officer:

- Monitor bulletins from the CDC and WHO State Health Department regarding virologic, epidemiologic and clinical findings associated with new variants isolated within or outside of the country.
- Coordinate with State Health Department for the distribution of timely and appropriate influenza bulletins.
- Be responsible for addressing pandemic influenza related media concerns.

- Distribution of timely and appropriate influenza bulletins to health care providers and community partners.
- Dissemination of information about vaccine availability and distribution plans to community partners.
- Dissemination of the influenza vaccine information sheet to clinic patients and health care providers.
- Communication of information about groups at high risk for complications from influenza to health care providers and community partners.
- Develop risk communication messages and message maps targeted for pandemic influenza.
- Review and revise drafts of public information documents fact sheets and guidelines for distribution.
- Coordinate release of health information with State PIO.
- Arrange press room
- Distribution of information of mass vaccination sites locations and time period for vaccinations to community partners and the general public.
- Disseminate information about groups at high risk for complications to community partners and health care providers.

Liaison:

- Report to EOC
- Coordinate with other community agencies representatives.
- Report community partners actions to pandemic response EOC to Incident Commander.

Operations:

The Operations Chief, in this situation is a medical expert who will be in charge of the main dispensing center and in control of all the outlying clinics. A site supervisor nurse may be assigned to each of the ancillary clinics but must report back to and be responsible to the Operations Chief. The Chief will hold regular meetings to keep their staff informed as the event progresses. The operations duties may include, but not be limited to, the following:

- Staffing and stocking the clinics
- Designating size and location of clinics
- Vaccine allocation
- Antiviral drug dispensing
- Tracking/Data control of clinic patients
- Monitoring surveillance
- Initiation of call centers or phone banks
- Designating clinic storage areas
- Assign contact tracers and monitors

Planning:

The Planning Chief will determine all the resources needed for the duration of the EOC and is responsible for all planning phases of an influenza pandemic especially the early preparation phases. This position is also responsible for preparing the incident action plan which shall be in place prior to the next phase of the pandemic. Planning is responsible for the following:

- Determining resources needed
- Gathering and analyzing data (AIMS)
- Preparing an organizational chart
- Outbreak response
- An influenza prevention campaign
- Data dissemination

Logistics:

The Logistics Chief is responsible for the support and service aspect of the EOC. It is their job to insure that the needs of the members of the team are met and supplies are adequate for operations. The staff is dependent upon the Logistics Chief for all support and necessities including food, clothing, and personal matters. This section is the support for the team itself, including but not limited to the following:

- Resources and supplies
- Vaccine and antiviral drug procurement in coordination with the Area Immunization Manager (AIM)
- Management of facilities
- Maintenance of equipment
- Home care for families of team members

Administration:

The Chief of Administration is mainly responsible for the financial management aspect of the operation. They are the record keepers who are charged with documentation for cost recovery, often times a very necessary task to insure federal reimbursement. Some aspects of administration would include the following:

- Authorization of expenditures
- Record keeping
- Contracts for supplies, medical and otherwise
- Legal circumstances

Each chief is responsible for assembling a team to meet the needs of the section. All sections may not be running at the same time but on an as needed basis. This is a fluid and malleable system that is based on event dictated flexibility.

Vaccine and Antivirals

When the U.S. Confirms the first case of pandemic influenza, a decision must be made regarding who will receive the available antivirals or vaccine; this decision will impact the mortality, morbidity, loss of quality of life and economic damage to Alabama. Current annual high risk group recommendations are expected to change, because past pandemic influenza outbreaks have also affected the young and healthy people. The ADPH Executive Planning Committee will make the final decision based on CDC's recommendation.

Refer to the Pandemic Influenza Planning Document Alabama Department of Public Health Emergency Operations Plan regarding Priority groups for antivirals and vaccine. This prioritization may change depending on disease epidemiology. Final decisions will be based on CDC's recommendations.

Antiviral Recommendations:

Refer to the Pandemic Influenza Planning Document ADPH Appendix G for antiviral recommendations.

Vaccine Storage:

It is vital to main the cold chain during storage, transportation, and shipment of vaccine. Please refer to the Immunization Division Emergency Handling Procedures for complete details of vaccine management practices.

Storage Options:

The Alabama Department of Health, Immunization Division, has four storage options in the event pandemic influenza necessitates mass vaccination.

1. Mass quantities of vaccine and supplies can be stored at the Vaccine Distribution Center (VDC) within the ADPH warehouse. The facility is secure and has an alternate source of power. Additional security can be added quickly if needed.
2. Additional vaccine and supplies can be stored at each of the Public Health Area Offices and 22 CHD's who have ADI temperature on the refrigerators.

The locations for vaccine storage in PHA X are:

The PHA X Area Office
PHA X County Health Departments.

3. Local hospitals, private providers and local business with acceptable refrigerated storage can also be used for vaccine storage in an emergency.

4. According to the ADPH Pandemic EOP tractor-trailers capable of refrigerated storage can be rented. Locally trailers would pick up the vaccine at the VDC and be taken to the trailer company premises to be monitored for temperature, security and fuel.

Guidelines for Storage and Shipment of Vaccine:

To ensure vaccine viability, influenza vaccine should be shipped and stored according to the following guidelines, assuming the vaccine is formulated and packaged similar to annual influenza vaccine:

Storage Requirements:

Influenza vaccine should be refrigerated at 2 degrees to 8 degrees C (35F to 46 F)
Influenza vaccine should not be frozen.

Condition on Arrival:

Vaccine should not have been frozen. Refrigerate immediately upon arrival.

Instructions for Reconstitution or Use:

Shake vial vigorously before withdrawing each dose.

Shelf Life after Opening:

Vaccine is viable until outdated if not contaminated.

Special Instructions:

Rotate Stock so that the shortest dated vaccine is used first.

Primary Vaccine Distribution Plan

It is assumed that in a pandemic situation all vaccine would be distributed through ADPH. Using the VDC, Area Immunization Managers and staff, vaccine could be distributed to all PHA X counties within 24 hours of receiving vaccine at the VDC. Each county pandemic operations plan should include in their mass vaccination plan, storage options for large quantities of vaccine.

Secondary Vaccine Distribution Plan:

In the event that the primary distribution plan cannot be activated, UPS could be used to ship vaccine to CHD. Shipping Requirements: Influenza vaccine shipped from the VDC should be delivered in 24-48 hours. The vaccine is shipped in insulated containers with ice packs.

Mass Vaccination Plans:

Mass vaccination, if appropriate will be carried out following the PHA X Mass Vaccination Plan in conjunction with the Alabama Emergency Management Agency and

other partners. The mass vaccination plans for pandemic influenza follows guidelines to vaccinate the entire population within 5 days.

Mass vaccination sites and clinic coordinators have been identified in each county in PHA X. Vaccination sites and coordinators are listed on the following page. PHA X Mass Vaccination Plan sites and coordinators are subject to change as MOU's with each site and changes in personnel are made. Sites and coordinators will be updated as changes are made and when the first case of pandemic influenza disease is confirmed in the U.S.

Refer to the PHA X Emergency Operations Plan SNS /MPTSsection for further information and guidelines for mass vaccination clinics.

Pandemic Influenza

Immunization Contact Nurses

County:	City	Nurse
Barbour	Eufaula Clayton	Barbour County Nurse Barbour County Nurse
Coffee	Enterprise	Coffee County Nurse
Crenshaw	Luverne	Crenshaw County Nurse
Dale	Ozark	Dale County Nurse
Geneva	Geneva	Geneva County Nurse
Henry	Abbeville Headland	Henry County Nurse Henry County Nurse
Houston	Dothan	Houston County Nurse
Pike	Troy	Pike County Nurse

Data Entry

County:	Data Entry:
Barbour	Barbour County Office Manager
Coffee	Coffee County Office Manager
Crenshaw	Crenshaw County Office Manager
Dale	Dale County Office Manager
Geneva	Geneva County Office Manager
Henry	Henry County Office Manager
Houston	Houston County Office Manager
Pike	Pike County Office Manager

Additional PHA 10 Plans:

Emergency Operations Plan

Strategic National Stockpile Plan

Area Response Team Organizational Chart

Mass Vaccination Plan

Disease Tracking Systems:

Alabama Incident Management System (AIMS)

National Electronic Disease Surveillance System (NEDSS)

PI Vaccination Sites and Managers Reminder

County	Total	Vaccinate	# Vaccinators	Number of	Name of	Name of
By Public	Population	in 5 Days	Pop/(40 doses	Sites	Each Site	Clinic
Health Area			*12 hour shift)			Coordinator

Barbour	27,201	5,440	12	2	Eufaula Community Center	Barbour County Nurse
					----- First Assembly of God	----- Barbour County Nurse
Coffee	49,948	9,990	18	2	Coffee County Farm Center	Coffee County Nurse
					----- Coffee County Health Department	----- Coffee County Nurse
Crenshaw	13,906	2,781	6	1	Harbin Agricultural Center	Crenshaw County Nurse
Dale	50,444	10,089	20	2	Daleville Cultural and Conv Center	Dale County Nurse
					----- Perry Recreation Center	----- Dale County Nurse

PI Vaccination Sites and Managers Reminder

Geneva	26,931	5,386	11	1	Geneva Co Farm Center	Geneva County Nurse
Henry	17,302	3,460	7	1	Abbeville Christian Academy	Henry County Nurse
Houston	103,402	20,680	37	2	Houston County Farm Center ----- Westgate	Houston County Nurse ----- Houston County Nurse
Pike	33,182	6,636	12	1	Troy (Sartain Hall) University Campus	Pike County Nurse
Total	322,316	64,463	123	12		