

Pandemic Influenza Plan



**Whatcom County Health Department
August 2006**

DRAFT

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Summary of Pandemic Influenza Phases & Activities (revised 5/06)

Planning Phase	WHO & DOH classification	Definition of phase
Interpandemic Period	Phase 1	<ul style="list-style-type: none"> No new influenza virus subtypes detected in humans Subtype present in animals that has caused human infection Risk of human infection considered to be low
	Phase 2	<ul style="list-style-type: none"> No new influenza virus subtypes detected in humans Circulating animal subtype poses a substantial risk of human disease
Pandemic Alert Period	Phase 3	<ul style="list-style-type: none"> Human infection with new subtype No human-to-human spread, or at most, rare instances of spread to a close contact
	Phase 4	<ul style="list-style-type: none"> Small cluster(s) with limited human-to-human transmission Spread is highly localized suggesting virus not well adapted to humans
	Phase 5	<ul style="list-style-type: none"> Larger cluster(s) with limited human-to-human transmission Spread still localized Virus appears to become better adapted to humans, but not fully transmissible Substantial pandemic risk
Pandemic Period	Phase 6	<ul style="list-style-type: none"> Increased and sustained transmission in general population
	Phase 6a (DOH	<ul style="list-style-type: none"> Pandemic influenza affecting the Pacific

Quick Reference Tables for WCHD Actions by Phases

WCHD Actions for Interpandemic Period (Phases 1 and 2)	
Administration <i>(Command & Control)</i>	<ul style="list-style-type: none"> • Develops policies and procedures for department operations • Establishes budget for emergency response planning • Develops and approves WCHD Emergency Response Plan • Works with Regional and State partners around emergency response activities • Supports and practices Incident Command procedures
Community Health <i>(Vaccines & Antivirals)</i>	<ul style="list-style-type: none"> • Manages State supplied vaccine for immunization programs • Provides technical assistance to private providers on vaccine safety and efficacy • Promotes use of influenza vaccine and polysaccharide vaccination in the community
Disease Response & Control (DRC) <i>(Surveillance)</i> <i>(Community disease control & prevention)</i>	<ul style="list-style-type: none"> • Maintains seasonal influenza surveillance • Investigates notifiable disease conditions • Provides technical assistance to private providers regarding disease surveillance and reporting activities • Assists Health Officer in communicating with medical community regarding notifiable conditions • Develops and maintains emergency response plans including distribution and management of SNS supplies • Works closely with community partners regarding emergency response activities <p>Monitors WHO and CDC activities regarding panflu by routinely reviewing media and website information</p>

Environmental Health <i>(Community disease control & prevention)</i>	<ul style="list-style-type: none"> • Assists DRC in disease surveillance activities and response to outbreaks • Reinforces personal hygiene efforts in permitted facilities
Human Services <i>(Psychosocial workforce support services)</i>	<ul style="list-style-type: none"> • Develops mental health component of emergency response plan • Coordinates community activities regarding mental health resources in event of pan flu • Assists in planning for staff mental health needs and support

WCHD Actions for Pandemic Alert Period (Phases 3, 4 and 5)	
<p>Administration <i>(Command & Control)</i></p>	<ul style="list-style-type: none"> • Reviews policies and procedures for department operations regarding panflu response activities • Establishes community wide efforts regarding "all-hazards" disaster planning • Works with Regional and State partners regarding cross-border resources • Identifies staff who will fill roles in panflu response in accordance with the business contingency plan • Supports and practices Incident Command trainings • Works with legal and law enforcement partners regarding lines of authority in panflu response • Develops and implements communication plan according to PanFlu Community Taskforce requests • Phase 4: Calls HIRT Team meeting to develop incident action plan for agency • Phase 4: Reviews DOH recommendations regarding list of priority groups for receiving vaccine and/or antivirals • Phase 5: Participates in Joint EOC • Phase 5: Considers implementation of isolation & quarantine • Phase 5: Reviews social distancing plans and legal requirements for implementation
<p>Community Health <i>(Vaccines & Antivirals)</i></p>	<ul style="list-style-type: none"> • Provides technical assistance and communication to private providers on vaccine safety and efficacy • Promotes use of influenza vaccine and polysaccharide vaccination in the community • Assists DRC in planning for mass vaccination or antiviral distribution • Participates in drills & training for emergency response efforts

Disease Response & Control (DRC)*(Surveillance)**(Community disease control & prevention)*

- **Plans for enhancement of seasonal influenza surveillance**
- **Investigates notifiable disease conditions including critical illness or death**
- **Provides technical assistance to private providers regarding disease surveillance, reporting and infection control activities (provider visits)**
- **Assists Health Officer in communicating with medical community regarding notifiable conditions and infection control practices (MD faxes)**
- **Develops WCHD pandemic influenza response annex for emergency response plan**
- **Revises emergency response plans including distribution and management of SNS supplies**
- **Continues work with community partners regarding emergency response activities**
- **Monitors WHO and CDC activities regarding panflu by routinely reviewing media and website information**
- **Revises infection control and prevention messages based on most current CDC recommendations**

- **Phase 4: Communicates information to clinicians for screening and testing for potential novel virus infections**
- **Phase 4: Implements enhancement of ILI surveillance**
- **Phase 4: Reports any potential novel infections to State CD Epi**
- **Phase 4: Investigates ill travelers and contacts**
- **Phase 4: Recommends 5 day voluntary isolation and 10 day quarantine**
- **Phase 4: Identifies alternative care sites**
- **Phase 5: Works with State CD Epi and health care systems to minimize healthcare associated infections**
- **Phase 5: Implements I & Q and social distancing measures**

Environmental Health Environmental Health <i>(Community disease control & prevention)</i>	<ul style="list-style-type: none"> • Assists DRC in disease surveillance activities and response to outbreaks • Reinforces personal hygiene efforts in permitted facilities
Human Services <i>(Psychosocial workforce support services)</i>	<ul style="list-style-type: none"> • Develops mental health component of emergency response plan • Coordinates community activities regarding mental health resources in event of pan flu • Assists in planning for staff mental health needs and support • Phase 4, 5: Assesses staff for signs and symptoms of stress

WCHD Actions for Pandemic Period (Phase 6)	
Administration <i>(Command & Control)</i>	<ul style="list-style-type: none"> • Participates in Joint EOC • Provides technical assistance for media messages • Requests medications and medical supplies • Implements travel restrictions and social distancing measures as indicated • Implements Emergency Call Center
Community Health <i>(Vaccines & Antivirals)</i>	<ul style="list-style-type: none"> • Assists DRC in implementation of mass vaccination or antiviral distribution • Assists in monitoring adverse events related to medications • Tracks medication supplies
Disease Response & Control (DRC) <i>(Surveillance)</i> <i>(Community disease control & prevention)</i>	<ul style="list-style-type: none"> • Investigates and immediately reports suspect pandemic strain cases to State CD Epi • Recommends 5 day voluntary isolation, contact tracing and quarantine for high probability contacts • Assists Health Officer in communicating with medical community regarding pandemic influenza reporting and infection control practices (MD faxes, website information) • Considers establishing plans to monitor absenteeism at major employers • Implements SNS plan • Monitors effectiveness of antivirals • Monitors local hospital bed status • Identifies isolation and alternative treatment facilities
Environmental Health <i>(Community disease control & prevention)</i>	<ul style="list-style-type: none"> • Assists DRC in identification of alternative care facilities • Reinforces personal hygiene efforts and illness prevention in permitted facilities • Assists in monitoring absenteeism in major employers • Consults with Health Officer regarding waste disposal issues and sanitation
Human Services <i>(Psychosocial workforce support services)</i>	<ul style="list-style-type: none"> • Assesses staff for signs and symptoms of stress

WCHD Actions for Pandemic Period (Phase 6a)	
Administration <i>(Command & Control)</i>	<ul style="list-style-type: none"> • Continues emergency operations • Reviews effectiveness of current plan and modifies as necessary
Community Health <i>(Vaccines & Antivirals)</i>	<ul style="list-style-type: none"> • Provides surge capacity as necessary
Disease Response & Control (DRC) <i>(Surveillance)</i> <i>(Community disease control & prevention)</i>	<ul style="list-style-type: none"> • Ceases 5 day voluntary isolation, contact tracing and quarantine for high probability contacts • Increases social distancing measures • Reviews and potentially revises SNS distribution plans • Monitors community bed availability status • Performs morbidity and mortality estimates
Environmental Health <i>(Community disease control & prevention)</i>	<ul style="list-style-type: none"> • Assists DRC in disease surveillance activities and response to outbreaks • Implements Health Officer recommendations regarding waste disposal issues and sanitation
Human Services <i>(Psychosocial workforce support services)</i>	<ul style="list-style-type: none"> • Continues to assess staff for signs and symptoms of stress

WCHD Actions for Recovery Period	
Administration <i>(Command & Control)</i>	<ul style="list-style-type: none"> • Demobilizes assets • Reviews effectiveness of current plan and revises as necessary
Community Health <i>(Vaccines & Antivirals)</i>	<ul style="list-style-type: none"> • Resumes annual influenza vaccination program • Prepares after action reports
Disease Response & Control (DRC) <i>(Community disease control & prevention)</i>	<ul style="list-style-type: none"> • Evaluates effectiveness of social distancing measures • Reviews & revises SNS plans • Performs morbidity and mortality estimates and prepares after action reports
Environmental Health <i>(Community disease control & prevention)</i>	<ul style="list-style-type: none"> • Prepares after action reports
Human Services <i>(Psychosocial workforce support services)</i>	<ul style="list-style-type: none"> • Continues to assess staff for signs and symptoms of stress

1. Introduction

"We at the WHO (World Health Organization) believe that the world is now in the gravest possible danger of a pandemic..."

Dr. Shigeru Omi, the WHO's Pacific Western Regional Director, Feb 2005

An influenza pandemic occurs when a new or novel influenza virus causes a global epidemic. The properties of this virus must include the ability to have sustained transmission from person to person and an ability to target individuals who have no immunity to it. Since most humans will not have immunity to a new strain, high rates of illness and death can be expected and spread of the disease will be fast. Most experts believe that the amount of time that the strain will first be identified to the time outbreaks are occurring in North America will be as short as 1 to 6 months.

The world has experienced influenza pandemics in the past with one of the most notable occurring in 1918. During the Spanish flu pandemic, it has been estimated that between 20 - 40 million people died and that the epidemic was so severe in the U.S. that it lowered the average lifespan by 10 years.

Experts have been estimating the impact of a future pandemic based on historical data, but there is no way to really predict the severity of such a widespread and infectious disease.

According to estimates for the U.S:

- Up to 200 million persons will be infected
- Between 38 - 89 million will become clinically ill
- Between 18 - 42 million will require outpatient care
- Up to 733,000 may be hospitalized
- As many as 89 - 207,000 people will die from influenza and related complications

The U.S. Health & Human Services Department (HHS) has sent out a guidance document for states and local areas giving a directive to integrate pandemic planning efforts with other ongoing public health emergency activities (Department of Health & Human Services Pandemic Influenza Plan: November 2005). This document stresses a high priority for planning and states that:

"All state, local, and tribal governments must be prepared to detect the earliest cases of pandemic influenza infection and disease, to minimize illness and morbidity, and to decrease social disruption and economic loss. Robust preparedness for the next pandemic requires coordination with state and local emergency responders. HHS encourages all levels of government to use this plan and begin refining their own".

The State of Washington has also developed a response to pandemic influenza and gives some planning guidance to local health jurisdictions (LHJs). The roles of the State and of the LHJs are defined in "*Annex 3 Pandemic Influenza Response Plan to*

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Appendix 1 Communicable Disease Emergency Response Plan to DOH Comprehensive Emergency Management Plan; Basic Plan March 2006.”

Specific responsibilities outlined for local public health jurisdictions (pg 15) include:

1. Developing a staffing plan to address surge capacity utilizing local resources prior to requesting regional and state assistance,
2. Developing a pandemic response plan that includes documentation of procedures for receipt of material from the Strategic National Stockpile via the Reception, Storage and Staging facility,
3. Working with health care delivery systems in monitoring bed status; and
4. Sharing information on pandemic surveillance with health care delivery systems.

Purpose of the Whatcom County Health Department plan:

It is clear that sometime in the future, Whatcom County will experience the effects of pandemic influenza. No one can predict exactly when this will happen, but experts say it may be imminent. The purpose of the "Whatcom County Health Department Pandemic Preparedness Plan" is to enhance the already existing WCHD Emergency Response Plan that has been developed for the agency.

The intent of this document is to offer guidance to those in public health leadership positions who will be relied upon to minimize the risk of pandemic influenza to citizens in Whatcom County.

Scope of the Whatcom County Health Department plan:

The Plan is an annex to the Whatcom County Health Department Emergency Response Plan and provides a broad description of the responsibilities, authorities, and actions by the department during a pandemic outbreak.

The Plan primarily focuses on the roles, responsibilities, and activities of the Whatcom County Health Department, however, some references are made to key response partners to highlight points of coordination and lines of authority between agencies during a pandemic.

This plan does not address community-wide efforts for pandemic influenza response. It is expected that health care facilities and health care professionals, essential service providers, local government officials, and business leaders will develop and incorporate procedures and protocols addressing influenza preparedness and response activities into their own emergency response plans.

This plan does not address measures that would be taken to contain an outbreak of the avian influenza virus in birds or other animal populations occurring in Whatcom County.

Federal and state departments of agriculture are primarily responsible for surveillance and control of influenza outbreaks in domestic animals, although agricultural control measures interface with public health actions to prevent transmission into humans.

Whatcom County Morbidity and Mortality Estimates

	United States	Washington State	Whatcom County
Population	290,000,000	6,100,000	176,000
ILL	87,000,000	1,830,000	52,800
Outpatient	42,050,000	884,500	25,520
Hospitalized	725,000	15,250	440
Deaths	203,000	4,270	223

Whatcom County Hospitalization Predictions (FluSurge data 2006)
 Information provided by Dr. Eric Sergienko, Washington State Dept of Health
 "most likely scenario" calculated with a 35% attack rate

Pandemic Influenza Impact/Weeks		1	2	3	4	5	6	7	8
Hospital Admissions	weekly admissions	103	146	180	180	148	103		
	peak/day			30	30				
Hospital Capacity	#ILI pts in hospital	78	110	136	145	118	93		
	% hospital capacity needed	31%	43%	54%	57%	47%	37%		
ICU Capacity	#ILI pts in ICU	15	29	37	41	40	31		
	% of ICU capacity needed	103%	195%	250%	272%	264%	207%		
Ventilator Capacity	#ILI pts on ventilators	12	16	20	22	18	14		
	% usage of ventilators	78%	110%	136%	145%	118%	93%		
Deaths	# ILI deaths			20	28	35	35	28	20
	#ILI deaths in hospital			14	20	24	24	20	14

- Notes:
1. All results shown in this table are based on "most-likely" scenario.
 2. Number of influenza (ILI) patients in hospital, in ICU, and number of ILI patients on ventilators are based on maximum daily number in a relevant week.
 3. Hospital capacity used, ICU capacity used, and % usage of ventilators are calculated as a percentage of total capacity available as reported in January 2006.
 4. The maximum number of ILI patients in the hospital each week is lower than the number of weekly admissions because we assume a 5 day stay in the general wards.

Planning Assumptions (HHS Pandemic Influenza Plan, Nov 2005, p. 18 - 19)

- Susceptibility to the pandemic influenza subtype will be universal.
- The clinical disease attack rate will be 30% in the overall population. Illness rates will be highest among school-aged children (approx 40%) and decline with age. Among working adults, an average of 20% will become ill during a community outbreak.
- Of those who become ill with influenza, 50% will seek outpatient medical care.
- The number of hospitalizations and deaths will depend on the virulence of the pandemic virus. Estimates differ about 10-fold between more and less severe scenarios. (See estimates Whatcom County Morbidity & Mortality Estimates).
- Risk groups for severe and fatal infections cannot be predicted with certainty.
- The typical incubation period (the time between acquiring the infection until becoming ill), for influenza averages 2 days. We assume this would be the same for a novel strain transmitted between people.
- Persons who become ill may shed the virus and can transmit infection for one-half to one day before the onset of illness. Viral shedding and the risk for transmission will be greatest during the first 2 days of illness. Children will shed the greatest amount of virus and therefore are likely to pose the greatest risk for transmission.
- On average, about 2 secondary infections will occur as a result of transmission from someone who is ill.
- In an affected community, a pandemic outbreak will last about 6 - 8 weeks. At least two pandemic disease waves are likely. Following the pandemic, the new viral subtype is likely to continue circulating and to contribute to seasonal influenza.
- The seasonality of a pandemic cannot be predicted with certainty. The largest waves in the U.S. during 20th century pandemics occurred in the fall and winter.

Authorities

Various state and local public officials have overlapping authorities with regard to protecting public health and safety. The Governor, State Board of Health, State Secretary of Health, County Executive, local Board of Health, executive heads of cities and towns, and Local Health Officer each can implement authorities within the scope of their jurisdiction aimed at protecting public health, including increasing social distancing by closing public or private facilities. During a pandemic, the presence of overlapping authorities will necessitate close communication and coordination between elected leaders and Local Health Officer to ensure decisions and response actions are clear and consistent.

1. Governor of Washington State

The Governor has authority to proclaim a state of emergency after finding that a disaster affects life, health, property, or the public peace. RCW 43.06.010 (12). The Governor may assume direct operational control over all or part of local emergency management functions if the disaster is beyond local control. RCW 38.52.050. After proclaiming a state of emergency, the Governor has the authority to restrict public assembly, order periods of curfew, and prohibit activities that he or she believes should be prohibited in order to maintain life and health. RCW 43.06.220.

2. State Board of Health

The State Board of Health has authority to adopt rules to protect the public health, including rules for the imposition and use of isolation and quarantine and for the prevention and control of infectious diseases. RCW 43.20.050(2). Local boards of health, health officials, law enforcement officials, and all other officers of the state or any county, city, or town shall enforce all rules that are adopted by the State Board of Health. RCW 43.20.050(4).

3. State Secretary of Health

The Secretary of Health shall enforce all laws for the protection of the public health, and all rules, regulations, and orders of the State Board of Health. RCW 43.70.130(3). The Secretary also shall investigate outbreaks and epidemics of disease and advise Local Health Officers about measures to prevent and control outbreaks. RCW 43.70.130(5). The Secretary shall enforce public health laws, rules, regulations, and orders in local matters when there is an emergency and the local board of health has failed to act with sufficient promptness or efficiency, or is unable to act for reasons beyond its control. RCW 43.70.130(4). The Secretary has the same authority as local health officers but will not exercise that authority unless: (a) the Local Health Officer fails or is unable to do so; (b) by agreement with the Local Health Officer or local board of health; or (c) when in an emergency the safety of the public health demands it. RCW 43.70.130(7).

4. Local Health Officer

The Local Health Officer acts under the direction of the local Board of Health. RCW 70.05.070. The Local Health Officer enforces the public health statutes, rules and regulations of the state and local Board of Health. RCW 70.05.070(1). The Local Health Officer has the authority to control and prevent the spread of any dangerous, contagious or infectious diseases that may occur within his or her jurisdiction. RCW 70.05.070(3).

The Local Health Officer shall, when necessary, conduct investigations and institute disease control measures, including medical examination, testing, counseling, treatment, vaccination, decontamination of persons or animals, isolation, quarantine, and inspection and closure of facilities. WAC 246-100-363(3). The Local Health Officer may initiate involuntary detention for isolation and quarantine of individuals or groups pursuant to provisions of state regulations. WAC 246-100-040 through -070.

The Local Health Officer has the authority to carry out steps needed to verify a diagnosis reported by a health care provider, and to require any person suspected of having a reportable disease or condition to submit to examinations to determine the presence of the disease. The Local Health Officer may also investigate any suspected case of a reportable disease or other condition if necessary, and require notification of additional conditions of public health importance occurring within the jurisdiction. WAC 246-101-505(11).

The Local Health Officer shall establish, in consultation with local health care providers, health facilities, emergency management personnel, law enforcement agencies, and other entities deemed necessary, plans, policies, and procedures for instituting emergency measures to prevent the spread of communicable disease. WAC 246-100-036(1).

The Local Health Officer may take all necessary actions to protect the public health in the event of a contagious disease occurring in a school or day care center. Those actions may include, but are not limited to, closing the affected school, closing other schools, ordering cessation of certain activities, and excluding persons who are infected with the disease. WAC 246-110-020(1). Prior to taking action, the Local Health Officer shall consult with the State Secretary of Health, superintendent of the school district or chief administrator of the day care center, and provide them and their board of directors a written decision directing them to take action. WAC 246-110-020(2).

The Local Health Officer's powers are not contingent on a proclamation of emergency by the county Executive or an executive head of a city or town.

Whatcom County Health Department Anticipated Resource Needs and Gaps

- 1. Surge capacity:** it is anticipated that 30% of the health care workforce will be unable to report for duty because of illness or family responsibilities.
 - a. WCHD will have a need for physicians, nurses and other professional health care providers to staff duties that require a license to practice.
 - i. This includes internal resources to maintain essential programs
 - ii. This also includes staff needed for vaccination or dispensing clinic services (PODS)
 - b. WCHD will have a need for ancillary and support staff to man telephone hot lines and provide relief for other functions, including registration and other activities at PODS.
 - c. WCHD will need to request assistance from law enforcement to assist in prevention functions and to provide security for PODS.

2. Durable equipment needs

- a. Whatcom County will have a need for hospital beds. There is only one hospital located in Whatcom County and we anticipate that this facility will reach maximum capacity early on in the outbreak. WCHD may be required to identify alternative care sites and equipment to maintain these sites.
- b. Ventilators are in short supply for our community. Estimates (see preceding page) are that the number of ventilators needed will be exceeded by the first week of the outbreak. Decisions will need to be made as to equipment allotment.
- c. Communication Equipment may have limitations because of excess use. Alternative solutions to notifying the community regarding the status of the outbreak may need to be developed.

3. Disposable equipment needs

- a. Whatcom County Health Department may need syringes, masks and other medical supplies to continue functioning. Stockpiling for disposable equipment is limited by space and financial constraints.
- b. The community as a whole will be experiencing shortages in disposable equipment and may need guidance on reuse and recycling, including disinfection procedures.

CONCEPTS OF OPERATIONS

Pandemic Influenza Trigger for HIRT Team meeting: Washington State Department of Health Declares that Pandemic Influenza is now at Phase 4

When to Convene a HIRT Meeting – The Health Incident Response Team (HIRT) will be convened in response to a health incident when the health incident meets one or both of the following conditions:

1. The incident is unusual and assistance is needed from outside the health department program area.
2. The incident is unusual and involves agencies or organizations outside the health department.

Purpose of a HIRT Meeting – The team will:

1. Rapidly assess the incident
2. Establish the incident level
3. Assign Incident Command System roles
4. Determine the objectives for the operational period

Structure of a HIRT Meeting – The initial HIRT meeting will:

1. Include only WCHD staff
2. Be short (strive for 30 minutes)
3. Establish an Incident Commander by following the IC Assignment list
4. Implement the Incident Action Plan
 - Determine the incident level
 - Assign all ICS roles
 - Assign action items
 - Set operational periods

Operations Team Meeting – Operations Team meetings may be held after the initial HIRT meeting. The Operations Chief will make assignments and carry out the objectives set by the Incident Commander. The Operations Team meeting may include incident responders from other agencies.

Definitions:

Health Incident – an unusual disease, disease increase, or unusual environmental health incident.

Unusual – any out of the ordinary incident may be considered “unusual”. For example: a sewage spill at Lake Whatcom requires close work with Water District #10 and may also involve media attention. Another example is a Hepatitis A outbreak at a food service that would involve both CD and EH programs and in some instances, a press release.

Program – a functional group within WCHD, for example: food program, communicable disease program, or hazard assessment program.

Concepts of Operations (continued)

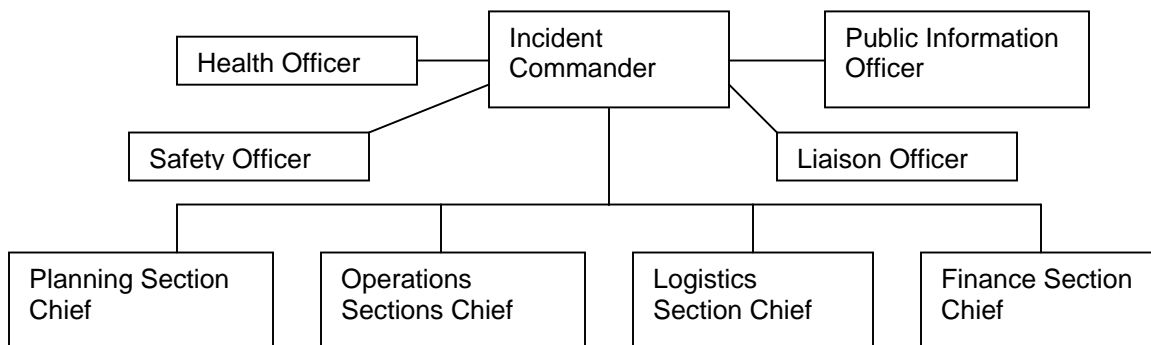
Outside Agency – a jurisdiction or organization other than WCHD, for example: DEM, DOH, Ecology, public schools etc.

In the event that the Washington State Department of Health (per the Center for Disease Control) issues the Pandemic Influenza phase to be at a **PHASE 4**, it will be understood that this constitutes a **Health Incident Level 4** per the WCHD Emergency Response Plan, Attachment 2: WCHD Emergency Response Flow Chart.

The Incident Commander at a Level 4 incident is determined to be the Health Director for the agency unless the role is delegated by the HIRT team to be another individual.

The WCHD Incident Commander may serve on a community Joint Incident Command Staff team or may assign the liaison officer to fill this role.

All Incident Command positions will be filled at that time with the appropriate staff and a chart with the assignments will be made available to all WCHD staff and community partners who will participate in the event.



Whatcom County Health Department Divisions/Programs (as of May 2006)

Administration:

- Oversight of all department operations

Community Health Division:

- Maternal Infant Program: Home visits to pregnant women and infants
- Screening and Prevention: Immunization clinics, TB testing, HIV program
- WIC: Women Infants and Children Nutrition program
- Children with Special Health Care Needs program

Disease Response & Control:

- Case investigation for notifiable disease conditions
- Emergency response activities

Environmental Health:

- Food service permitting & inspection
- Water safety program and on-site sewage

- Physical and chemical hazards programs
- Inspection programs for pools, schools, summer camps

Human Services:

- Coordination of grants for providing mental health services in the community

Organization and Assignment of Responsibilities

In this section, responsibilities are outlined by pandemic phase and incorporate the divisions or programs within the Whatcom County Health Department (WCHD).

- 1) Through all Pandemic Phases, including Interpandemic:
 - a) WCHD administration will coordinate community-wide planning for pandemic influenza.
 - b) DRC will participate in influenza surveillance (and case investigation when requested by Washington State Dept of Health (DOH).
 - c) DRC in consultation with the Health Officer will provide guidelines and recommendations for influenza detection, management, control and prevention.
 - d) DRC will work closely with local laboratories regarding influenza testing protocols and surveillance.
 - e) WCHD will coordinate county- wide distribution of vaccine and antivirals provided via SNS. WCHD Administration will make recommendations for use and prioritization of vaccine and antiviral medication.
 - f) WCHD Administration will coordinate information for media and the public on the course of the pandemic and recommendations for prevention.
 - g) WCHD will communicate with the Whatcom County DEM and other agency partners.

- 2) Interpandemic and early Pandemic Alert Periods (Phase 1 - 3)
 - a) WCHD Administration will establish and support a community-wide Pandemic Influenza Taskforce whose purpose is to:
 - i) To identify gaps in resources and infrastructure.
 - ii) Involve local officials, business leaders and tribal representatives in developing working relationships to plan for a pandemic.
 - iii) Make recommendations to the department regarding communication, health care systems delivery, social and economic needs and ethical considerations.
 - iv) Review and clarify the existing legal authorities regarding the management of pandemic influenza.
 - v) Provide coordination and guidance to community members regarding the development of their own response plans.

 - b) WCHD will:
 - i) Coordinate joint trainings and exercises with other community partners.
 - ii) Review after-action reports from pandemic exercises to assist in updating current response plans.
 - iii) Assure coordination with key contacts within adjacent counties and provinces, state agencies and tribal health agencies.
 - iv) Assure there are adequate information technology resources to support disease tracking and outbreak management.
 - v) Encourage and support annual influenza vaccination to decrease the risk of co-infection with a human and novel influenza strain in the same individual.

- 3) Pandemic Alert Period (Phase 4)

- a) WCHD Administration will:
 - i) Initiate proactive risk communications based on input from Community Pandemic Influenza Taskforce
 - ii) Review policies and procedures that relate to major elements of the Pandemic Influenza plan. (See Appendix XXX: WCHD Policies & Procedures)
 - iii) Identify priority groups for antiviral medications and for vaccine if pandemic strain should become available.
 - iv) Consider stockpiling of antiviral medications either for continuity of operations or for the high risk population.

- 4) Pandemic Alert Period (Phase 5)
 - a) WCHD Administration will activate the HIRT Team to:
 - i) Review briefing from DOH.
 - ii) Review business continuity plan and resources (See Business Continuity Plan, page).
 - iii) Develop Incident Action Plan incorporating.
 - DOH recommendations for traveler screening or travel restrictions to the county
 - Distribution of Pandemic Alert notifications
 - Assignment of personnel
 - iv) Consider of participation in County EOC.
 - v) Provide just in time or refresher training for reassigned personnel (See Appendix XXX: Staff Training Curriculum).
 - vi) Place SNS personnel in alert phase.
 - vii) Establish and verify communications systems.
 - b) Health Director will brief local government officials.
 - c) DRC and EH, when requested, will assist in identifying alternate care sites to function as neighborhood emergency help centers, acute care centers and triage/referral points based on disease epidemiology and requirements for the type of site needed. (See Appendix XXX: Alternate Care Sites)
 - d) WCHD Administration will coordinate the logistics for any response involving Isolation and Quarantine. (See Appendix XXX: Isolation and Quarantine)
 - e) DRC will activate enhanced surveillance protocols. (See Appendix XXX: Surveillance)
 - f) WCHD Administration will activate the enhanced risk communication plan including (See Risk Communication Plan).
 - i) Revision of fact sheets per DOH input.
 - ii) Dissemination of fact sheets through public information and liaison systems.
 - iii) Verification of availability of pre-identified spokesperson for the pandemic.
 - iv) Conduct media briefings, as appropriate.
 - g) WCHD Administration will consider, if available, distribution of antivirals and vaccine in accordance to the Strategic National Stockpile Plan (SNS) (See WCHD SNS Plan as annexed in WCHD Emergency Response Plan)
 - h) The WCHD Administration will track finances associated with pandemic related activities for potential federal reimbursement.

- 5) Pandemic Period (Phase 6) (spread to other countries)
 - a) WCHD HIRT Team will remain activated.
 - b) WCHD Administration will appoint a representative to the county EOC.
 - c) WCHD will implement travel restrictions as indicated by DOH.
 - d) WCHD will prepare for SNS order, receipt and distribution activities.

- 6) Pandemic Period (Phase 6) (spread imminent to/occurring in Washington)
 - a) WCHD HIRT Team will remain activated.
 - b) WCHD Administration will recommend appropriate "social distancing measures" per DOH instruction.
 - c) WCHD will staff and organize SNS POD's.
 - d) WCHD Administration will send alerts to the public, media and health care providers announcing the onset of the pandemic.

- 7) Pandemic Phase (end of the first wave of the pandemic)
 - a) WCHD will review effectiveness of actions during the first wave including:
 - i) Antivirals in target populations.
 - ii) Vaccines in target populations.
 - iii) Community containment measures.
 - b) WCHD Administration will identify resource and personnel shortfalls.
 - c) WCHD will modify agency plans (based on above reviews), and
 - i) Resupply equipment and other materials.
 - ii) Retarget therapies.
 - iii) Hire and train replacement or temporary personnel for future deployment.
 - d) WCHD Administration will brief local officials.

- 8) Pandemic Period (second or further waves)
 - a) WCHD will review and modify the plan as needed.
 - b) WCHD Administration will notify local officials of changes.

- 9) Postpandemic Period (end of pandemic, return to interpandemic period)
 - a) WCHD Administration receives instructions from DOH that emergency status is terminated.
 - b) WCHD demobilizes assets.
 - c) WCHD resupplies depleted stocks.
 - d) WCHD enacts other recovery measures as indicated.
 - e) WCHD divisions prepare after action reports.
 - f) WCHD revises Pandemic Influenza Response Plan as indicated.

Surveillance

- A. Influenza surveillance monitors trends in influenza-like-illness, characterized circulating influenza viruses, and will facilitate recognition of novel viruses that could herald a pandemic. In Washington State, influenza is not a notifiable condition and surveillance relies on a network of statewide sentinel partners. Throughout all phases of a pandemic the DRC division will provide consultation and support to local health care providers who participate in surveillance activities. (POL HL176001Z) Interpandemic Period (Phases 1 -2)
- 1) Seasonal Influenza Surveillance (Draft Procedure: Conducting Influenza Surveillance"; dated 5/19/2000.
 - a) DRC maintains a county-wide influenza surveillance system which includes data from selected long-term care facilities and public schools. A health care provider participant needs to be identified.
 - b) This system monitors absenteeism, the occurrence of outbreaks, influenza-like-illnesses and laboratory testing for influenza.
 - c) In addition, the Northwest Regional Lab provides a report of tests requested and their results on a monthly basis.
 - d) This data is reported to the Washington State Influenza Surveillance System on a weekly basis during seasonal surveillance.
- B. Expanded surveillance (Phases 3 - 5)
- 1) DRC will investigate critical illness or death including those associated with respiratory illnesses. (TSK HL376002F)
 - 2) DRC will coordinate with Washington State DOH CD Epi to collect and ship specimens for influenza detection. (TSK XXX: based on *DOH Influenza A H5N1: Revised Guidelines for Testing at the Public Health Laboratories*)
 - 3) DRC will distribute guidelines for the screening of ill travelers to health care providers when instructed to do so by DOH CD Epi.
 - 4) DRC with consultation of the Health Officer will distribute (by fax) case definition and screening guidance when indicated.
 - 5) WCHD Administration will collaborate with DOH CD Epi to implement plans to monitor ill travelers if instructed to do so.
 - 6) DRC will consider initiating active surveillance if requested by DOH CD Epi.
 - 7) DRC will share routine updates on the status of local disease with WCHD Administration.
- C. Pandemic Period (Phase 6) (Novel virus outside of Pacific NW)
- 1) DRC will immediately report to DOH CD Epi all persons with illnesses that fit the criteria for infection with a novel virus when pandemic virus is classified as immediately notifiable.
 - 2) DRC will notify (by MD fax) local health care providers that suspected and confirmed cases of infection with a novel virus are immediately notifiable.
 - 3) With consultation from DOH CD Epi, DRC will distribute recommendations for health care facilities on screening patients, visitors, staff and others for influenza-like illnesses.
 - 4) DRC will consider monitoring absenteeism at major employers.

- 5) DRC will update WCHD Administration status of disease.
- D. Pandemic Period (Phase 6a) (Novel virus in Pacific NW)
- 1) Initial efforts for surveillance will be the same as for Phase 6. Once the virus is clearly established in the county, available resources will be assessed by WCHD Administration and surveillance efforts will be scaled back based on need and resources.
 - 2) Surveillance will focus on morbidity and mortality estimates through monitoring hospital admissions, phone calls and death certificate data.
 - 3) After action reports will be compiled to assess the effectiveness of the surveillance.
- E. Recovery
- 1) Once the pandemic has been declared over by the World Health Organization, surveillance will return to methods used during the interpandemic period with any modifications or enhancements identified by after action evaluations.

Laboratory Testing

A. Introduction

The Whatcom County Health Department does not have laboratory testing capability and relies on health care providers or Northwest Regional Laboratory (NWRL) for the collection and processing of specimens. NWRL is located at St. Joseph Hospital and conducts the majority of testing ordered in the hospital.

B. Specimen Collection and Handling - Disease Response and Control Division (DRC) will:

- 1) Inform local health care providers regarding the need to report suspect novel and pandemic influenza infections.
- 2) Develop a task for DRC staff to follow in order to maintain consistency in working with health care providers and DOH CD Epi. (TSK XXX: based on *DOH Revised Guidelines for Testing at the Public Health Laboratory: June 16, 2006*)
- 3) Distribute to providers case definition materials and instructions for the collection of specimens including:
 - a) Respiratory specimens from the nasopharynx, bronchoalveolar lavage, tracheal aspirate and pleural tap.
 - b) Paired sera.
- 4) Establish a system for screening requests and granting approval for tests to ensure that State Public Health Lab (WASPHL) resources are used judiciously.
- 5) Ensure that specimens are submitted to the Washington State Public Health Lab in accordance with existing shipping regulations and with appropriate documentation. (TSK HL375001B & TSK HL375001C).

C. Notification and Results Reporting

- 1) Test results will be received by DRC staff when released by WASPHL Microbiology director.
- 2) Positive test results should be immediately reported to the DRC manager and Incident Commander (if Incident Command is in operation).

- 3) If results are positive, DRC staff will notify submitter when instructed by WCHD Administration to release results.

Health Care Planning

A. Introduction

Coordinated pre-planning by health care and non-health care emergency response partners is critical to maintaining health care and decreasing morbidity and mortality during a pandemic event.

B. Interpandemic and Pandemic Alert Periods (Phases 1 - 5)

1) Mitigation, Planning and Coordination

- a) WCHD Administration will provide current pandemic influenza information to health care system partners in Whatcom County through activities in the Pandemic Influenza Taskforce.
- b) WCHD will assist hospitals and other health care systems to plan for surge capacity by:
 - i) Developing (in conjuncture with community partners) a guideline whereby requests from health care facilities for additional personnel are processed
 - ii) Supporting the establishment of volunteer medical reserve resources or other volunteer groups who would be willing to serve
 - iii) Working with community, regional, state and provincial partners to develop mutual aid agreements and memorandums of understanding to support health system surge capacity.
- c) WCHD will assist in the assessment of potential alternate care sites in the community under guidance from the Pandemic Influenza Taskforce Medical Care Subgroup (See Appendix XXXAlternate Care Facilities)
 - i) Alternate care facilities may provide additional resources to reduce impact on hospitals and clinics (staffing, beds, equipment, medical resources, urgent needs assessments)
 - ii) DRC will assess potential sites that could be used as vaccine or medication dispensing points (SNS PODS).
- d)

2) Surveillance

- a) DRC will facilitate disease surveillance by encouraging the reporting of notifiable conditions by health care facilities and providers.
- b) WCHD Administration will determine strategies to plan for monitoring and reporting any noted increase in influenza-like illnesses in the community and will assist in developing mechanisms for monitoring employee absenteeism that could indicate early cases of pandemic influenza.

C. Pandemic Period (Phase 6)

Surge Capacity for Personnel

WCHD Administration will activate the process for responding to requests from health care facilities for additional personnel are processed. This will include instructions that follow the procedure established by the DOH Health Systems Quality Assurance (and "Provider Credential Search Service") to expedite credentialing and improving surge capacity by:

Reactivating inactive licenses for healthcare personnel.

Granting limited licenses.

- iii) Granting temporary practice permits.
 - iv) Providing licensing reciprocity for practitioners from other areas.
 - v) Credentialing retired health care providers.
 - vi) Providing reciprocity for volunteers from another area.
 - vii) Coordinating with DOH Emergency Management Division to provide accurate information to practitioners regarding waiving malpractice liability.
- b) WCHD Administration will implement the provisions of the Omnibus Legal and Financial Agreement for Public Health Organizations Participating in the Regional Disaster Plan in Region 1 (signed 2006).
 - c) WCHD will activate the volunteer medical reserve resources or other volunteer groups who are willing to serve.
 - d) WCHD Administration will assist executive heads of political subdivisions who have determined a critical need for personnel to execute provisions that may include the use of:
 - i) Services of state and local governments and municipal and quasi-municipal corporations (RCW 38.52.110(1)).
 - e) WCHD Administration will assist executive heads of political subdivisions and legal advisors to execute provisions allowed under a Governor's emergency proclamation (RCW38.52) which may include:
 - i) Services of citizens (RCW. 38.52.110(2)).
 - f) WCHD Administration will initiate resource requests through the local EOC.
- 2) Surge Capacity for Health Care Facilities, Supplies and Equipment
- a) DRC will collaborate with community health care facilities to monitor beds.
 - b) WCHD Administration will develop a guideline whereby requests from health care facilities for additional beds are processed. This will include instructions that follow the process established by the DOH Health Systems Quality Assurance to streamline procedures for licensing health care facilities.
 - c) WCHD Administration in consultation with DOH will assist the executive heads of political subdivisions in identifying isolation facilities.
 - d) WCHD Administration will assist the executive heads of political subdivisions who have determined a critical need for facilities, equipment and supplies to execute provisions which may include:
 - i) The use of existing facilities, supplies and equipment of state and local governments and municipal and quasi-municipal corporations (RCW 38.52.110(1)).
 - e) WCHD Administration will assist the executive heads of political subdivisions to execute provisions allowed under a Governor's emergency proclamation (RCW 38.52) which may include:

- i) Securing privately owned equipment (RCW 38.52.110(2)).
- 3)
- a) .
- 4) Recovery
- a) WCHD will assist health care providers and facilities in returning to normal operations by providing consultation and information as needed.

Vaccine Distribution and Use

A. The supply of a vaccine that may be effective for the containment of pandemic influenza will not be available during the early phases of the pandemic. Supplies of an effective pandemic vaccine (once available) may not be sufficient to administer to all Whatcom County residents. It is likely that two doses of vaccine will be required for sufficient protection, compounding the possible shortage.

B. Interpandemic Period (Phases 1 and 2)

- 1) WCHD Prevention and Screening program will continue to work with health care providers in the community to promote annual influenza vaccination based on guidance from the Advisory Committee on Immunization Practices and the CDC. (POL HL178001Z)
- 2) WCHD Prevention and Screening program will also promote age and risk-appropriate pneumococcal polysaccharide vaccine.
- 3) Routine program activities which will be continued include:
 - a) Advice and recommendations for use of vaccine in long-term care facilities according to RCW 74.42.285 Sect 1-3 and USC 42 CFR 483.25(n) and 83.65 (a).
 - b) Tracking of state-supplied vaccine.
 - c) Provision of translated vaccine information materials.
 - d) Provision of technical assistance to health care providers including administration of vaccine, storage requirements.
- 4) WCHD Prevention and Screening program will develop a tracking system for seasonal non-state supplied influenza vaccine for adults if requested from the Secretary of Health or designee.

C. Pandemic Alert Period (Phases 3, 4, 5)

- 1) WCHD Prevention and Screening Program will provide technical assistance to DRC leads and WCHD Administration regarding issues which may affect distribution through the Strategic National Stockpile PODS including:
 - a) Dissemination of CDC pandemic vaccine information and updates.
 - b) Program planning and policy development for pandemic influenza vaccine receipt, storage and use.
 - c) Policies and procedures regarding administration of vaccine including:
 - i) PRO HL278001A (Managing clients who have a Reaction Following Immun).
 - ii) TSK 378001A (Administering Vaccines).

- iii) HL478001A, HL478001B (Consent forms).
- iv) HL478001E (VAERS form).
- d) Systems for tracking use of vaccine.
- e) Training for vaccine administrators.
- 2) DRC will assess potential POD sites, develop plans for mass vaccination, and assist in developing surge capacity for staffing distribution sites.
- 3) WCHD Administration will determine the Vaccine Priority Group based on guidance from DOH. (See Table 3 Vaccine Priority Group Recommendations).

D. Pandemic Period (Phases 6 and 6a)

- 1) DRC and Prevention and Screening Programs will coordinate the establishment of the SNS PODS for receipt, storage and distribution of vaccine in accordance with the Whatcom County Strategic National Stockpile Plan.

E. Pandemic Period (Further Waves)

- 1) The Prevention and Screening Program will monitor local vaccine needs and collaborate with DOH Immunization Program to continue to order vaccine as needed.

F. Recovery (Return to Phase 1)

- 1) DRC will oversee the closure of SNS PODS and assist the Prevention and Screening Program in the recovery of unused vaccine.
- 2) The Prevention and Screening program and DRC will file after action reports regarding observations made during the outbreak.
- 3) The Prevention and Screening program will resume technical assistance to health care providers and return to routine activities including encouraging use of annual influenza vaccine.

Antiviral Drug Distribution and Use

A. Introduction

- 1) It is unlikely that an effective vaccine will be available during the initial phases of a pandemic. Other prevention efforts will be used to control the spread of a pandemic virus, including social distancing measures and the targeted use of available, effective antiviral medications.
- 2) The H5N1 virus currently circulating is resistant to adamantane antivirals (adamantane and rimantidine) but appears to be susceptible to the neuraminidase inhibitors (oseltamivir and zanamivir). However, there is no way of predicting which antiviral will be effective for prevention and treatment of influenza caused by any particular novel virus.
- 3) Neuraminidase inhibitors are effective in decreasing the severity of seasonal influenza if taken within 48 hours of the onset of symptoms and oseltamivir is also effective in preventing influenza after exposure to the virus.
- 4) At this time, supplies of neuraminidase inhibitors are very limited. The Whatcom County Health Department does not currently stockpile or have a plan to stockpile these antivirals.

B. Interpandemic period (Phases 1 - 2)

- 1) Antivirals should be used as indicated to treat or prevent seasonal influenza following the CDC Guidelines (see Jan 14, 2006 CDC Health Alert Notice).

C. Pandemic Alert Period (Phases 3 - 5)

- 1) WCHD Administration will determine the Prioritized Group for Receiving Antiviral Medication during a Pandemic based on Federal Guidelines and in consultation with DOH. (See Table 4)
- 2) DRC will distribute DOH materials regarding guidelines for antiviral use to health care providers. These recommendations will be developed by the Health Officer and based on the CDC's most current recommendations.
- 3) WCHD will develop a plan for the maintenance and tracking of an antiviral stockpile if one becomes available through the DOH.
- 4) DRC will review the SNS distribution plan and revise as necessary.

D. Pandemic Period (Phase 6)

- 1) The timing of the initiation of antiviral distribution will depend on the characteristics and the spread of the virus once it has been introduced into the U.S.
- 2) WCHD will continue to update and distribute guidelines for detection, treatment, prevention and control of suspected or confirmed infections as provided by DOH.
- 3) If directed by DOH to initiate mass antiviral prophylaxis, WCHD will request SNS supplies through the DEM.
- 4) If vaccine becomes available, WCHD will limit the use of antivirals to those who have an inadequate response to vaccine (age>65 years, immunodeficiency) or have a serious allergy to vaccine components.

E. Recovery

- 1) WCHD will recommend a return to interpandemic antiviral administration when the pandemic is declared over by the World Health Organization.
- 2) WCHD will conduct an after action report that addresses the use of antiviral medications for evaluation and improvement recommendations.

Community Disease Control and Prevention

A. Introduction

- 1) Influenza virus is transmitted from person-to-person by the inhalation of droplets produced when an ill person sneezes or coughs, or by touching an object or surface that has been contaminated with those droplets, then touching the mouth or nose. Controlling the spread of influenza can be difficult because people can spread the virus before they have symptoms and it is very easily transmitted person-to-person.

- 2) Ideal control methods will include voluntary isolation and quarantine early in a pandemic when outbreaks are localized. Once the virus is circulating widely, it would require an extraordinary level of resources to implement and enforce mandatory isolation and quarantine measures.
- 3) WCHD Administration will determine the implementation of isolation and control in consultation with DOH.

B. Interpandemic Period (Phases 1 - 2)

- 1) The legal authorities for implementation of pandemic control measures are outlined in the preceding sections on "Authorities".
- 2) WCHD Administration will review existing policies and procedures in accordance to the DOH Guidelines "Public Health Emergency Response and Preparedness: Information for Local Health Agencies and Health Care Providers".
 - a) POL HL175004Z Implementing Isolation and Quarantine for Disease Control.
 - b) POL HL 175002Z Providing Assistance to Citizens During Isolation or Quarantine for Communicable Diseases of Public Health Significance.
- 3) WCHD Administration will consult with DOH Emergency Preparedness and Response in the development of logistical plans for housing and care of groups of individuals who require quarantine or isolation.
- 4) DRC will continue to promote the use of respiratory etiquette materials and personal protection activities for use in health care facilities.

C. Pandemic Alert Period (Phases 3 - 5)

- 1) DRC in consultation with the Health Officer will alert all health care providers that suspect and confirmed cases of novel virus infection need to be immediately reported to the department.
- 2) WCHD will recommend voluntary 5 day isolation at home or in a hospital for residents who have traveled to affected areas and have a suspected infection with a novel virus.
- 3) DRC will perform contact tracing and monitoring following consultation with DOH CD Epi in the following circumstances:
 - a) Contacts with travelers who have been in an affected area when there is a high suspicion of infection with a novel virus
 - b) Contacts on planes or ships when there is a high suspicion that someone aboard is infected with a novel virus
 - c) Clusters of a novel virus infection in a small, well-defined setting (such a military base or college dorm).
 - d) Contacts to confirmed highly pathogenic avian influenza in the U.S.
 - e) Laboratory exposure to a novel virus.
- 4) DRC will only consider quarantine of contacts who were exposed to someone that has a high probability of infection with a novel virus that is transmitted from person-to-person and after consultation with DOH CD Epi and the Health Officer.
- 5) DRC will implement the following quarantine recommendation after consulting with the Health Officer and DOH CD Epi:
 - a) Contact tracing and monitoring will be conducted.

- b) The period of quarantine is expected to be 10 days from exposure, or three days from exposure if the results of diagnostic testing rules out infection with a novel virus in the index case.
 - c) If groups of individuals are identified who need care, DRC staff will consult with DOH to plan logistics for this quarantine.
- 6) Prevention messages provided by DOH to the general public will be promoted throughout the pandemic alert period.

D. Pandemic Period (Phase 6)(Novel virus outside the Pacific Northwest)

- 1. All persons with illnesses that fit the criteria for infection with a novel virus will be immediately reported to DOH CD Epi
- 2. DRC will recommend voluntary five-day isolation at home, in a hospital or other setting for residents who have traveled to affected areas and have a suspected infection with the novel virus.
- 3. Contact tracing and monitoring will be considered and implemented as outlined in the Pandemic Alert period.
- 4. DRC in consultation with the Health Officer may request isolation of people with suspected infection with a novel influenza virus and quarantine of their contacts
 - a. WCHD Administration will consult with DOH Emergency Preparedness and Response in the development of logistical plans for housing and care of groups of individuals who require quarantine or isolation
 - b. Quarantine of contacts will only be considered when they were exposed to someone that has a high probability of infection with the novel virus
- 5. WCHD will continue to promote prevention messages including encouragement for ill individuals to stay home and for all Whatcom County residents to stock an emergency supply of provisions.

E. Pandemic Period (Phase 6a) (Novel virus introduced into the Pacific Northwest)

- 1) DRC will implement strategies for initial containment of illness in the community by targeting treatment and chemoprophylaxis for individual cases or small clusters of disease.
 - 2) DRC will continue to provide technical assistance and consultation on infection control issues to healthcare providers in the community
 - 3) DRC will continue to provide technical assistance and consultation on clinical issues to healthcare providers in the community
- 4) WCHD Administration will determine when the spread of illness is widely distributed and targeted treatment and chemoprophylaxis will no longer be effective. At that time pre-determined social distancing measures will be put into place which may include:
- a) Cancellation of public events
 - b) Closure of schools, businesses, stores and recreational facilities
 - c) Consideration of "snow days" for non-essential businesses and facilities

- 5) WCHD Administration will consult with DOH and other health officials regarding the applicability of personal protective equipment (such as masks) being used by the general public.

F. Recovery

- 1) WCHD Administration will determine when social distancing measures will be discontinued based on:
 - a) Surveillance data that is demonstrating a consistent decrease in the number of cases of influenza locally or
 - b) A high coverage rate with the pandemic vaccine
- 2) WCHD Administration will recommend that the most disruptive social distancing measures be discontinued first (such as business and transportation closures, snow days, etc)

Managing travel-related risk of disease transmission

A. Introduction

- 1) Whatcom County is unique in the western part of the state in having not only an international border but also ports of entry. These geographic elements may present additional challenges to travel-related control of pandemic disease.
- 2) Early in a pandemic, stringent measures such as mandatory isolation and quarantine of ship and airline travelers from outbreak areas may slow the introduction of the novel virus into the US. Efforts to control the introduction of influenza by passengers of trains or motor vehicles at border crossings and across state lines are unlikely to be effective or even feasible at any phase of a pandemic.
- 3) Once the pandemic virus is circulating widely, it would require an extraordinary level of resources to implement and enforce these measures.
- 4) WCHD will communicate closely with both the Washington State Department of Health and provincial health officials in British Columbia throughout the outbreak.

B. Interpandemic Period (Phases 1 - 2)

- 1) WCHD has outlined the legal authorities earlier in this document. Isolation and quarantine procedures and protocols have been addressed in the Community Disease control and Prevention Section.
- 2) Implementation of any travel restrictions or monitoring of travelers will be conducted after consultation with Washington State officials.
- 3) If quarantine or isolation is recommended for groups of travelers, appropriate housing and care will need to be provided. Consultation will be with the Washington State Emergency Preparedness and Response Planner for the Division of Community and Family Health to plan housing and care logistics.

C. Pandemic Alert Period (Phases 3 - 5)

- 1) DRC will report all individuals with illnesses that fit the criteria for infection with a novel virus to DOH CD Epi.
- 2) DRC, after consultation with DOH CD Epi and CDC will recommend voluntary five day isolation at home, in a hospital or other setting for travelers from affected areas suspected to be infected with the novel virus.

- 3) DRC will assist in the coordination of testing between the healthcare provider and CD Epi.
- 4) DRC will consider contact tracing and monitoring under the following circumstances:
 - a) Contacts with travelers who have been in an affected area when there is a high suspicion of infection with a novel virus
 - b) Contacts on planes or ships when there is a high suspicion that someone aboard is infected with a novel virus
- 5) Contact tracing and monitoring will be conducted by the DRC in collaboration with CDC Division of Global Migration and Quarantine after consultation with DOH CD Epi.
- 6) Quarantine of contacts will only be considered when they were exposed to someone that has a high probability of infection with the novel virus.
- 7) The period of quarantine is expected to be ten days from exposure, or three days if the results of diagnostic testing rule out infection with a novel virus in the index case. The duration could change based on the characteristics of the virus.
- 8) If appropriate housing and care is needed for quarantine or isolation of groups, WCHD Administration will consult with DOH (Emergency Preparedness and Response Planner) to discuss the logistics.

D. Pandemic Period (Phase 6)

- 1) DRC will report all persons with illnesses that fit the criteria for infection with a novel virus will be reported to DOH CD Epi.
- 2) DRC after consultation with DOH CD Epi will continue to recommend voluntary five day isolation at home, in a hospital or other setting for persons suspected to be infected with the novel virus.
- 3) Protocols for screening air and ship-line (ferry) passengers from affected areas will be developed in consultation with CD Epi and implemented as needed
 - a) Travelers whose final destination is outside Washington State will be managed under federal authority and recommendations.
 - b) Contact tracing and monitoring may be considered as described above in the Pandemic alert Period.

E. Pandemic Period (Phase 6a) (Novel virus introduced in the Pacific NW)

- 1) DRC, in consultation with DOH CD Epi and CDC, will recommend voluntary five day isolation at home, in a hospital or other setting for persons suspected to be infected with the novel virus.
- 2) DRC will assist with diagnostic testing by coordinating between healthcare providers and DOH CD Epi.
- 3) DRC will report all persons with illnesses that fit the criteria for infection with a novel virus to DOH CD Epi.
- 4) Protocols for screening air and ship-line (ferry) passengers from affected areas will be developed in consultation with CD Epi and implemented if there is reason to believe such measures will slow the spread of infection, based on the course and epidemiology of the pandemic

- a) Travelers whose final destination is outside Washington State will be managed under federal authority and recommendations.
 - b) Contact tracing and monitoring may be considered as described above in the Pandemic alert Period.
- 5) If appropriate housing and care is needed for quarantine or isolation of groups, WCHD Administration will consult with DOH (Emergency Preparedness and Response Planner) to discuss the logistics
 - 6) Once the novel virus is established in the US, quarantine of large groups of individuals and contact tracing is unlikely to be effective or feasible.

F. Subsequent Waves

- 1) Measures will depend on the availability of resources and immunization coverage rates

G. Recovery

- 1) When it has been documented by surveillance that there is a consistent decrease in the number of cases of influenza locally, or if there is a high coverage rate with the pandemic vaccine, the need for control measures will be reassessed by WCHD Administration.
 - a) The most disruptive measures should be discontinued first
 - b) The efficacy and feasibility of methods used during the pandemic will be evaluated and areas for improvement identified in an after action report

Risk Communications (are those recommendations from the Pandemic Taskforce: Community Communication Subcommittee)**

A. Introduction

- 1) A pandemic influenza outbreak in Whatcom County will generate immediate, intense and sustained public, health care personnel, media and policy-maker concern, interest and requests for information.
- 2) This interest will include personal health concerns as well as concerns about the use of antibiotics, antiviral medications and vaccine.
- 3) Key messages and information that will be shared with the public and communications partners should not conflict with information provided by other related government agencies and should be applicable to the local pandemic situation.
- 4) Proactive education should be a key component of the risk communication plan and should include information on pandemic influenza, control and prevention methods and should be clear and consistent to minimize rumors and inaccuracies.
- 5) Pandemic influenza is a multi-layered issue that will require an ongoing and proactive communication strategy to increase public awareness and disseminate public health information over extended periods of time

B Risk Communication Protocols

- 1) Risk Communication Protocols for All Phases

- a) All media inquiries on pandemic influenza are to be referred to the WCHD Administration or designee according to the following:
 - i) POL HL164003Z, (Communicating with the Media)
 - ii) POL HL164004Z (Making Public Health Announcements)
 - iii) TSK HL364003A: (Sending a Medial Release to Whatcom County Media)
 - iv) REF HL564003A (When the Media calls...)
 - b) WCHD will develop a policy of full disclosure about what is and is not known
 - c) WCHD will develop a proactive outreach strategy that includes:
 - i) **Prevention messages (how to behave to minimize infection)
 - ii) **Preparation messages (what you can do at your home and what you can do at your business to prepare for a sustained emergency)
 - iii) **Planning messages (what is the community and the government doing to prepare)
 - iv) **Education messages (what is pandemic influenza, what are the symptoms, what to look for, what to expect, what to do)
 - v) **Special populations/situations (providing information for poultry farmers, hunters or others who have contact with animals)
 - d) WCHD Administration will avoid issuing statements or messages that conflict with information provided by other related government agencies
 - i) Information will be received from the DOH Communications Offices that serves as a clearinghouse for information on pandemic influenza, providing a statewide source
 - ii) Key messages and information will be shared with public information and communications partners through cross-border, statewide and internal communications groups to ensure clarity and consistency with local, state and Canadian partners
 - e) WCHD will work with community partners to develop rapid communication capability to disseminate timely information.
 - f) WCHD Administration will ensure that essential information is distributed to WCHD staff in a timely manner
 - g) WCHD Administration will ensure that the communication plan works in concert with ongoing emergency communication planning and resource development
- 2) Risk Communications- Interpandemic and Pandemic Alert (**Phases 1 - 5**)
- a) WCHD will facilitate the establishment of a county-wide pandemic influenza planning group that will include a communications planning component
 - b) WCHD Administration will
 - i) **Incorporate the Pandemic Taskforce Community Communications Guidelines in developing a communication plan **including the establishment of a Public Information Officer**
 - ii) Assess the information needs of staff, partners, the general public and stakeholders
 - iii) Assess translation needs
 - iv) Identify any logistical constraints to effective communication, such as communications staffing and equipment needs, and public information call center staffing and capacity.

- v) Assist DRC subject matter experts and the Health Officer in developing guidelines and planning overviews for target audiences, as necessary
- c) Partnerships and Coordination
- i) WCHD Administration and DRC subject matter experts may confer with DOH Communications in developing local materials for distribution
 - ii) **The Pandemic Taskforce Community Communications group will suggest distribution methods such as websites, media outreach and flyers which may be effective in disseminating materials in Whatcom County
 - iii) **The Pandemic Taskforce Community Communications group will assist in the identification of information distribution centers such as schools and libraries.
 - iv) **The Pandemic Taskforce Community Communications group will work with the WCHD Administration to assist in the development of a communications plan that includes a ranking system for messaging using terms such as
 - (1) Recommendation
 - (2) Advisory
 - (3) Warning
 - v) WCHD Administration will develop a plan that includes sharing materials, outreach strategies and key messages to other community, healthcare and provincial partners
 - vi) **WCHD Administration will ensure materials are easily accessible to partners through the WCHD Website and linkages are made to credible sources such as DOH and CDC websites for more information
 - vii) **WCHD Administration will ensure that materials for dissemination from the Regional Emergency Communications Liaison Network are available for local distribution to address questions that national news stories may generate
- d) Materials development
- i) **WCHD Administration will have oversight in the development of all pandemic influenza materials for distribution in the county
 - ii) **Materials developed will include a ranking such as recommendation or advisory during Phases 1 - 5.
 - iii) Publications and other written materials may include
 - (1) Key messages including
 - (a) Recommendation: Isolation for ill travelers (voluntary for 5 days) Phases 3 - 5
 - (b) Recommendation: Quarantine limited to high risk contacts (for 10 days) Phases 3 -5
 - (2) Talking points for internal/partner use
 - (3) **Prevention strategy materials such as recommendations for
 - (a) Handwashing
 - (b) Cough Etiquette
 - (c) Disinfection
 - (4) **Preparedness information for families and individuals
 - (5) **Fact sheet(s) on pandemic influenza
 - (6) **Information on pandemic influenza emergency plans

- (7) Translated materials
 - (8) Information for General Public Call Center and recorded hotlines
 - (9) Templates and risk communication recommendations-as appropriate-for external partner use
 - (10) Overview(s) of related WCHD planning documents for partners and stakeholders (Taskforce participants) as appropriate
- e) **Website enhancements will be planned for WCHD county website and HInet resources for health care providers. These sites will include information such as:
- i) Prevention strategy materials
 - ii) Preparedness information for families and individuals
 - iii) Fact sheet(s) on pandemic influenza
 - iv) Information on pandemic influenza emergency plans
 - v) Translated materials
 - vi) Links to DOH, CDC and other key resources
- f) Other Outreach materials
- i) Radio Public Service Announcements using local emergency response network
 - ii) Newspaper Public Service Announcements
 - iii) Television Public Service Announcements (dependent on funding)
 - iv) Recorded versions of DOH subject matter expert presentations or designated PIO, as appropriate
- 3) Pandemic Phases (**Phase 6 - 6a**)
- a) WCHD Administration will evaluate the need to activate the emergency communications strategies and resources outlined in the agency's overall emergency plan, including
- (1) **Deploying PIO to serve at Joint Incident Command Center
 - (2) **Activation of Incident Command to manage the department's emergency communication needs and to offer additional communication support to health care providers and other community partners
 - (3) **Implementation of emergency media and outreach strategies including those recommended by the Pandemic Influenza Taskforce Community Communications committee:
 - (4) **Daily briefings for the media (Ideally at the same time each day)
 - (5) **Use of the emergency alert system
 - ii) **Establishing a phone bank (hotline) or General Public Emergency Call Center
 - iii) **Establishing web-based inquiry system
- b) Partnerships and Coordination:

- i) WCHD will work with internal and local partners to ensure rapid dissemination of state, federal and local guidelines
 - ii) WCHD will coordinate public health messages for partners, stakeholders, the general public and special needs communities
 - iii) WCHD will implement recommendations from the Pandemic Influenza Taskforce to ensure proactive outreach strategies are employed to reach general public and special populations with accurate and up-to-date disease information, prevention/precautionary recommendations and treatment options.
 - iv) WCHD will work with state and local partners to determine accurate status reports of disease impact on Whatcom County
 - v) WCHD will implement appropriate communications strategies to promote social distancing measures for general public without stigmatizing a particular community
 - vi) WCHD will ensure accurate and coordinated messages on shared issues (including Dept of Social & Health Services, School superintendents, Dept of Ag, and others)
- c) Materials development: Along with updates of materials outlined above, WCHD will develop public health information on:
- i) Disease surveillance and related WCHD emergency response activities
 - ii) Recommendations related to isolation & quarantine (Phase 3 - 6)
 - iii) Recommendations related to social distancing (Phase 6a)
 - iv) **Advisories on border closures and travel
 - v) Precautionary measures (**including warnings), prevention recommendations and treatment options
 - vi) Emergency preparedness recommendations
 - vii) Related mental health issues (with assistance from Pandemic Influenza Taskforce Social & Economic committee)
 - viii) Other related emerging issues
- 4). Recovery Phase:
- a. WCHD will evaluate the effectiveness of
 - 1) The Emergency Communications Plan
 - 2) Assistance to local health care and emergency partners
 - 3) Emergency and contingency planning
 - 4) The General Public Emergency Call Center (or other named phone information system)
 - 5) Public outreach efforts such as communication channels and materials through input from Pandemic Influenza Taskforce Partners
 - 6) Internal communications
 - 7) Communication with partners
 - 8) Media strategies
 - 9) Website effectiveness and resources

b. Recovery assistance

- 1) WCHD will provide public health information materials and resources to support community recovery efforts
- 2) WCHD Administration will work with subject matter experts and partners to ensure availability of necessary materials and public information resources
- 3) WCHD Administration will provide ongoing information to the general public, special populations, media, stakeholders and staff regarding public health issues in recovery efforts.

Psychosocial Workforce Support Services

A. Introduction

- 1) The response to an influenza pandemic will pose substantial social and emotional challenges to health care providers, public health officials, other emergency responders and essential services workers and their families. Enhanced psychosocial workforce support activities can help responders remain effective during pandemic response. Psychosocial support services help workers manage emotional stress during an influenza pandemic and to resolve related personal, professional and family issues. The Department of Health (DOH) has developed education and training materials for use by public health, mental health and related staff and families.
- 2) During an influenza pandemic, the occupational stresses experienced by staff are likely to differ from other emergencies because a pandemic occurs in waves. At least two waves are likely. Each wave will last 6 - 8 weeks.

B. Roles and Responsibilities

- 1) All Employees of the WCHD
 - a) Interpandemic and Pandemic alert Periods (Phases 1 - 5)
 - i) WCHD will provide opportunities for training for staff through the DRC division and WCHD administration. These trainings may include:
 - (1) Incident Command Systems - online through the US Coast Guard
 - (2) NIMS- online through the Dept of HHS
 - ii) WCHD Administration will identify, provide and encourage the use of tools and techniques for supporting staff and their families during times of crisis.
 - iii) The Employee Assistance Program will assist workers to prepare for, cope with and recover from the social and psychological challenges that emergency work demands
 - iv) WCHD Administration will ensure that staff is educated about the importance of developing family communication plans so that family members can maintain contact during an emergency.
 - v) Infection control practices and other employee workplace guidance are available through the employee nurse and yearly updates are required for identified staff. Employee issues regarding sick leave, family leave and other absences are addressed in labor agreements with the county

- b) Pandemic (Phases 6 - 6a)
 - i) Continue recommendations from Interpandemic period
 - ii) WCHD Administration will encourage staff to make full use of psychosocial response materials and tools that can help workers manage emotional stress and family issues and build coping skills and resilience
- 2) Managers and supervisors of WCHD
 - a) Assess staff for signs and symptoms fo stress and/or resilience
 - b) Should be aware of and use available management tools to meet both program needs as they change during the various stages of a Pandmeic and act as a resource for staff to support their needs. Human Resource staff are a main contact for these tools and other supportive resources (collective bargaining agreements, policies and procedures)
 - c) Refer staff to Employee Assistance Program if experiencing signs and symptoms of stress and inability to cope with work demands.
- 3) Employee Health Nurse
 - a) Assures policies and procedures are in place to support staff and enable workplace safety measures.
- 4) Human Services Department
 - a) Facilitate mental health counseling for affected WCHD staff
 - b) Provide emergency planning and response services to WCHD as identified in Regional Support Networks contracts.

Table 3 (DOH Pandemic Influenza Plan 2006): Vaccine Priority Group Recommendations (p30)

Local Estimate	Tier	Description of groups
2, 083*	1 A	Hospital workers
185*		Essential support services
0		Vaccine /antiviral producers
1,257*		Health care providers (in-patient)
109*		Health care providers (out-patient)
42*		Health care providers (home care)
600		EMS
105*		Lab personnel
		Public health workers (with person-to-person contact with cases/contacts)
	1B	>65 years of age with 1 risk factor
		6 mo- 64 yrs of age with 2 high-risk conditions
	1C	Pregnant women
		Household contacts of severely immunocompromised persons
		Household contacts of infants <6 mo of age
	1D	Key govt officials, critical public health workers
	2	Healthy >65 yrs of age
		6-23 months of age
		Rest of high-risk group
		Critical infrastructure: transport, telecommunication, utility, public safety, other PHEPR
	3	Other key govt officials
	4	All others

(From DOH Pandemic Influenza Plan: Feb 2006)

*provided by Occupational Health, St. Joseph Hospital (3/06)

Table 4: DOH Pandemic Influenza Plan DRAFT: Federal Guidelines for ranking prioritized groups for antiviral medication during a pandemic influenza outbreak: NOTE: this document is for Senior Management Review and Planning Purposes

Rank	Group	Action	Estimate of targeted group (WA)	Estimate of targeted group (Whatcom)
1	Patients hospitalized with influenza	Treatment	155,172	
2	Ill healthcare workers, including EMT's, with direct patient contact	Treatment	49,655	
3	Outpatients at highest risk for influenza complications (immune deficiency, pregnancy)	Treatment	14,482	
4	Pandemic health responders, public safety & key govt decision makers	Treatment	18,620	
5	Other high risk outpatients (i.e., underlying medical condition, children 12-23 months of age, adults >= 65 yrs of age)	Treatment	463,448	
6	Outbreak containment (post-exposure prophylaxis in closed settings e.g skilled nursing facilities, hospitals, etc)	Prevention	41,379	
7	Healthcare workers in emergency depts, intensive care units, dialysis units	Prevention	99,310	
8	Critical infrastructure providers (e.g public safety & works, transportation, communications, etc) and staff without direct patient contact in acute care settings (e.g dietary, administrative staff, etc)	Treatment	55,862	
9	Other ill outpatients	Treatment	1,051,111	
10	Highest Risk group	Prevention	206,896	
11	Other healthcare workers with patient contact	Prevention	662,068	

(From DOH Pandemic Influenza Plan: Feb 2006)