

**What is the Oklahoma Pandemic Influenza Management Plan?**

An influenza pandemic is a naturally occurring event in which a new flu virus emerges and affects a large number of people in several countries simultaneously. Historically, an average of three influenza pandemics occur each century with the last influenza pandemic occurring in 1968-69. Because of the larger number of ill people than occurs during a typical flu season, the next influenza pandemic will likely strain existing health resources. The Oklahoma State Department of Health's Pandemic Influenza Committee developed a management plan to address the public health response to a pandemic influenza event. It is intended to be a resource document for public health preparedness at the state, regional and local level to help maximize and distribute our available resources.

**What are the purpose and the goals of the plan?**

The overall goals of the Oklahoma Pandemic Influenza Management Plan are to:

- reduce morbidity and mortality among Oklahomans during a serious influenza season;
- minimize infrastructure disruption and subsequent economic impact caused by an influenza pandemic;
- assist and facilitate preparedness in the health care systems within our state;
- provide a comprehensive and dynamic plan that will be reviewed and updated on an annual basis; and
- assist and facilitate appropriate planning and response at the local, regional and state level.

**What specifically does the Oklahoma Pandemic Influenza Management Plan address?**

The plan addresses disease surveillance, emergency management, vaccines and antiviral medication delivery, communication activities, and response coordination among multiple agencies. The essential components of the plan are described in nine chapters which are: 1) command, control and management; 2) surveillance and laboratory diagnostics; 3) delivery of vaccine; 4) acquisition and delivery of antiviral medications; 5) health systems emergency response; 6) community disease control and interventions; 7) infection control in healthcare settings; 8) clinical management; and 9) risk communication.

**What is addressed in the component of command, control and management?**

An influenza pandemic will require strong and decisive leadership by knowledgeable public health practitioners. The Oklahoma State Department of Health will lead the state response to an influenza pandemic and coordinate public health activities with other state, local and federal agencies.

**What is addressed in the component of surveillance and laboratory diagnostics?**

Rapid response to a pandemic will require early detection of the pandemic flu virus strain as well as an understanding of its disease distribution within the population. The Oklahoma State Department of Health Communicable Disease Division in cooperation with the Public Health Laboratory is responsible for conducting influenza surveillance. They work with physicians and hospitals to monitor the number of patient visits for influenza-like illness and provide laboratory assistance for virus testing and characterization. Epidemiologists in the Communicable Disease Division will develop and implement strategies to control the spread of the pandemic-associated illness.

**What is addressed in the components of delivery of vaccine and delivery of antiviral medications?**

At the start of an influenza pandemic, there will likely be more demand for vaccine and medications than is available. These components outline the strategies of how and to whom the vaccines and antiviral medications will be delivered through Mass Immunization Prophylaxis Strategy (MIPS) sites. Vaccine availability will be limited due to the time required to produce vaccine, therefore distribution categories will be outlined to ensure that the state's critical infrastructure, prioritization and protection of the citizens of our state will be addressed.

**What is addressed in the component of health systems and emergency response?**

A pandemic influenza event most likely will overwhelm our health care system. It is essential that each county and region develop a local pandemic influenza management plan congruent to the state plan that includes strategies for patient triage, respiratory infection control, and alternate medical care facilities.

**What is addressed in the component of community disease control and prevention?**

Especially during the early stages of an influenza pandemic, non-medical strategies such as voluntary quarantine, travel restrictions, school closures, and other methods of “social distancing” will likely be needed to contain the spread of the disease. This chapter describes these containment measures and discusses their application at the individual and community level.

**What is addressed in the component of infection control?**

This section of the plan is directly adapted from the National Pandemic Influenza Plan, Supplement 4 S-1 and provides guidance to health care workers on the use of infection control measures to prevent transmission of influenza during patient care.

**What is addressed in the component of clinical guidelines?**

Health care providers will play an essential role in the detection of an initial case of novel or pandemic influenza. If implemented early, identification and isolation of cases may help slow the spread of influenza within a community or region. Clinical awareness of novel disease can also benefit the individual patient, as rapid diagnosis and initiation of treatment may avert potentially severe complications. This component is adapted from the National Pandemic Influenza Plan, Supplement 5 S-1 and provides instructions on the clinical procedures for the initial screening, assessment, and management of patients with suspected novel or pandemic influenza.

**What is addressed in the risk communication component?**

The primary objective of this component is to provide timely and accurate communication to keep the public, health care providers and government leaders informed during a pandemic influenza event. To successfully cope with a pandemic, the public may expect to receive public health messages concerning travel advisories, respiratory hygiene practices, and schedules for vaccine administration. It is essential for the public to receive, understand and follow these messages.

**Will the current outbreak of “Bird Flu” (avian influenza H5N1) become our next pandemic?**

The World Health Community has been closely monitoring the progression of avian influenza type A H5N1 since 1997. This particularly virulent “bird flu” virus has infected and killed numerous fowl (mostly domestic chickens and ducks) in Asia and Eastern Europe. Despite aggressive measures by animal health officials to stop the spread of the disease, the H5N1 outbreak is the largest poultry outbreak experienced in the past 50 years. Over 200 people in three continents have acquired H5N1 avian influenza from direct contact with infected birds or contaminated surfaces; more than 50% of these people died from their infection. So far, spread of the H5N1 avian influenza virus from person-to-person has not been confirmed. However, because all influenza viruses have the tendency to constantly change form by genetic mutation or by swapping of genetic material from other viruses, scientists are concerned that the H5N1 virus could one day evolve into a virus capable of infecting humans and spreading easily from one person to another. If this scenario occurred, it would set the stage for a possible pandemic. No one can predict when and where a pandemic might occur. Regardless of which influenza virus evolves as the next pandemic strain, thoughtful advance planning and preparation will reduce the impact of the event.

