

BLANK COUNTY



Pandemic Influenza Plan

Updated 04/13/07



APPROVALS

This **BLANK COUNTY** Pandemic Influenza Plan is hereby incorporated as an addendum to Annex H of the **BLANK COUNTY** Emergency Operations Plan.

<Name>

BLANK COUNTY Emergency Manager

Date

<Name>

Administrator of **BLANK COUNTY** Health Department

Date

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I. Introduction

Influenza viruses have the ability to cause sudden, widespread illness in all age groups on a global scale. With influenza being highly transmissible, prone to rapid genetic changes, and harbored in animal reservoirs, it poses an unpredictable pandemic threat. A pandemic occurs when an influenza virus undergoes a shift in one or both of its surface proteins to create a new or “novel” virus to which the general population does not have any immunity. The initial appearance of a novel virus that is easily spread in humans is the first step toward a pandemic. The current trivalent (three virus) vaccine would have no effect on the novel influenza strain and a specific monovalent (single virus) vaccine could take up to six months to be developed and reproduced.

The **BLANK COUNTY** Health Department developed this strategy to prepare for and reduce the effects of an influenza pandemic in **BLANK COUNTY**.

A. Purpose

The purpose of the **BLANK COUNTY** Pandemic Influenza Plan is to provide the framework for identifying and responding to an influenza pandemic. This plan is scaleable and flexible, but must necessarily prepare for the “worst case” scenario. This plan is designed to assist in the development of continuity of operations plans throughout the county enabling the citizens of this county to continue to receive necessary services in the event of a pandemic. The plan defines preparedness and response activities that will enhance the effectiveness of response measures during a pandemic. This plan is intended to be used in conjunction with and follows the guidance and direction of the *Oklahoma Pandemic Influenza Management Plan*. This plan is an addendum to the **BLANK COUNTY** Emergency Operations Plan, Annex H: Health and Medical. All response measures will be conducted in accordance with the National Response Plan (NRP), State of Oklahoma Emergency Operations Plan, *Oklahoma Pandemic Influenza Management Plan*, National Incident Management System (NIMS) doctrine, and all applicable response plans.

B. Scope

This plan identifies the roles, responsibilities, and activities of the **BLANK COUNTY** Health Department and its partners. It also addresses policy issues and provides leadership during a response to a pandemic influenza. It addresses specific responsibilities of key response partners and assists community leaders in preparing and responding by highlighting coordination between multiple agencies during a pandemic. It is expected that healthcare facilities and professionals, essential service providers, local government officials, school systems, and business leaders develop and incorporate plans and procedures to address influenza preparedness and response into their emergency response plans. State and local entities should have credible

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pandemic preparedness plans in place to address and outline strategies to assist response efforts of a pandemic. This plan is a continuously evolving document. The **BLANK COUNTY** Health Department will review and revise this plan as needed, but at least annually.

II. Planning Assumptions

The following assumptions were made when discussing and developing this plan:

- Pandemics (especially influenza) are expected, but unpredictable and arrive with very little warning. However, it is highly unlikely that a novel strain of influenza would appear in **BLANK COUNTY** first.
- Outbreaks will occur simultaneously throughout the Nation and the world. The **BLANK** partners, both public and private, must strive to develop coordinated plan to sustain essential functions for at least 72 hours without relying on outside resources...
- Effects of influenza on the individual communities will be relatively prolonged (several waves of weeks to months at a time) as compared to other types of disasters.
- Numbers of ill people requiring outpatient medical care and hospitalization will overwhelm the local healthcare systems.
- Risks of exposure and illness in healthcare workers and other first responders will be higher than the general population, therefore, creating more strain on the already overwhelmed healthcare system.
- Disruptions of national and community infrastructures including commerce, utilities, and public safety as the spread of infection will be worldwide.
- Shortages (from mild to severe) of personnel in sectors that provide critical public safety services will result from widespread illness in the community.
- Strategies for stopping the spread of disease (once a pandemic strain has been identified) include personal protection, isolation, antiviral medications, and vaccination. Vaccines may not be available for several months after the pandemic strain is identified.
- Numbers of persons affected will be significant because pandemic influenza will be highly infectious and could result in high levels of morbidity and mortality. People may be asymptomatic while infectious.
- Updates to this plan will include Mortuary Services and Mass Fatality Management (at a minimum) in the future.

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III. Concept of Operations

The broad depth, scope and duration of a pandemic will require close coordination of partners at all levels of government (federal, state, regional, county, local and tribal).

The Oklahoma State Department of Health (OSDH) fulfills the following roles/responsibilities:

- The OSDH is responsible for the development, annual review, and implementation of the *Oklahoma Pandemic Influenza Management Plan* by an internal workgroup with established timelines.
- The OSDH Laboratory is integral in surveillance activities by providing viral isolation, antigen detection, and strain identification of influenza viruses.
- The Commissioner of Health and State Health Officer has the primary authority for direction and supervision of the implementation of the plan components.
- The OSDH Terrorism Preparedness and Response Service along with OSDH Community Health Services will collaborate with partners and stakeholders to develop, gain approval of, and distribute a guidance of local and state responsibilities.
- The OSDH Terrorism Preparedness and Response Service along with Community Health Services will ensure that the plan includes a grid of operational responsibilities of state, local, tribal and regional jurisdictions.

BLANK COUNTY strives to fulfill its responsibilities by developing this **BLANK COUNTY** Pandemic Influenza Plan that addresses the nine essential components of the county response to an influenza pandemic and plans for two additional essential components (guidance expected in 2007).

Command, Control, and Management
Surveillance and Laboratory Diagnosis
Delivery of Vaccine
Acquisition and Delivery of Antiviral Medications
Health Systems and Emergency Response
Community Disease Control and Prevention
Infection Control
Clinical Guidelines
Risk Communication
Mortuary Services and Mass Fatality Management (TBD 2007)
Workforce Development (TBD 2007)

A. Command, Control, and Management

The **BLANK COUNTY** Health Department will be the lead agency in coordinating the local public health and medical system response to a pandemic in **BLANK COUNTY**. The **BLANK COUNTY** Health Department will coordinate response efforts with the OSDH and local/county emergency response organizations. Due to the scope and widespread impact of an influenza pandemic, it is anticipated that there will be a scarcity of resources throughout the state and nation. In order to effectively manage the public health and medical system response effort, it is required that all resource requests be coordinated under the provisions of the existing county and State Emergency Operations Plan (EOP) using a NIMS compliant structure. It is essential that a well-defined communication system be established to coordinate resource requests at the community, county, and state level. Local public health officials will coordinate resource requests with the OSDH Situation Room and the **BLANK COUNTY** Emergency Manager to ensure effective resource allocation, and to allow for timely requests for Federal assistance.

1. Local Response

The **BLANK COUNTY** response will be in accordance with this plan and the *Oklahoma Pandemic Influenza Management Plan*. Municipalities in **BLANK COUNTY** may enact their own plans, and must work with the **BLANK COUNTY** Health Department and the appropriate (city and/or/county) emergency management agencies to coordinate resources and implement policies needed to provide for the safety of their citizens and continuity of operations for key facilities and critical infrastructure.

2. Human Resources

Primary assets consisting of people, communications, and physical infrastructure support all organizations. It is critical that organizations anticipate the impact a pandemic will have on the agencies/organizations ability to continue essential functions. Agencies, businesses and organizations need to ensure reasonable measures are in place to protect the health of personnel during a pandemic. Suggested implementation plans for continuation of essential functions include:

- Limit social contacts to individuals and families by remaining in their households. This should reduce transmission rates within communities and provide protection to households where infection has yet to occur.

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- Implement staggered work shift policies for all businesses (government and private) to the extent possible. This allows fewer individuals to be in the workplace at the same time; thereby reducing opportunities for exposure to pandemic influenza.
- Implement policies that allow telecommuting. Agency heads should explore available authorities to implement a work from home plan allowing work to be accomplished without exposure to employee or others in the office that may be ill and/or asymptomatic. Computer systems should be evaluated ahead of time to ensure data and information is secure and protected to the extent required for each business.
- Conduct business by e-mail or telephone as opposed to face-to-face meetings.

3. Employee Health

Provision of essential services during a pandemic, both in the government and private sectors, is contingent upon the presence of a healthy workforce. Promoting good employee health, both at home and at work, are essential to the protection of an adequate workforce. Some suggestions include:

- Implement hygiene plans to include mandatory hand washing and frequent cleaning of common areas of the establishment.
- Promote and encourage social distancing by decreasing or canceling unnecessary events or restricting site access.
- Perform temperature checks of employees as they report for duty daily and maintain logs of the data.
- Promote the use of tissues to cover mouths when sneezing or coughing occurs and proper disposal of tissues.
- Use the most appropriate, available masks and gloves for persons who have frequent contact with the public.

4. Community/ Business

Business and community leaders look to the **BLANK COUNTY** Health Department for assistance in pandemic flu planning to ensure essential services and governmental functions are sustainable during a pandemic.

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- Local partners (business and government) will develop pandemic influenza plans in collaboration with the **BLANK COUNTY** Health Department and local Chambers of Commerce to facilitate continuity of services for the citizens of **BLANK COUNTY**.
- Military Installations and Military Treatment Facilities (if applicable) should determine and develop a work plan for civilian personnel.
- Law enforcement officials (County Sheriff's office as well as local law enforcement) should develop plans to protect the force and a continuity of operations plan to ensure necessary public safety is maintained.
- Public Works department should develop plans to maintain essential functions and operations of utilities.
- Emergency Medical Service (EMS) agencies, physician offices and other healthcare organizations (Indian Health Service facilities, Federally Qualified Health Centers, nursing homes, hospice providers, home health agencies, etc.) are encouraged to develop plans for continued operations and protection of employees.
- School Boards of each school system are encouraged to develop a plan addressing closure of schools, cancellation of public events/programs, and other necessary elements.
- Daycare centers are encouraged to develop a plan addressing closure and cancellation of events.
- Institutes of Higher Education should work with the Board of Regents to develop plans addressing cancellation of classes and events.
- **BLANK COUNTY** Health Department should encourage business to review and distribute pandemic influenza information as widely as possible.

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Individual, Family, and Community Response to Pandemic Flu*
Table 1

Response	Individuals and Families	At School	At Work	Faith-Based, Community and Social Gatherings
Be Prepared	Review Individuals and Families Planning Checklists www.pandemicflu.gov	Review School Planning Checklists www.pandemicflu.gov	Review Business Planning Checklist www.pandemicflu.gov	Review Faith-Based and Community Organizations Preparedness Checklists www.pandemicflu.gov
Be Aware	Identify trusted sources for information; stay informed about availability/use of antiviral medications/ vaccine	Review school pandemic plan; follow pandemic communication to students, faculty, and families	Review business pandemic plan; follow pandemic communication to employees and families	Stay abreast of community public health guidance on availability of large public gatherings and travel
Don't Pass it On	If you are ill...stay home; practice hand hygiene/ cough etiquette; model behavior for your children; consider voluntary home quarantine if anyone ill in household	If you are ill...stay home; practice hand hygiene/ cough etiquette; ensure sufficient infection control supplies	If you are ill...stay home; practice hand hygiene/ cough etiquette; ensure sufficient infection control supplies	If you are ill...stay home; practice hand hygiene/ cough etiquette; modify rites and religious practices that might be facilitate influenza spread
Keep your Distance	Avoid crowded social environments; limit non-essential travel	Prepare for possible school closures; plan home learning activities and exercises; consider childcare needs	Modify face-to-face contact; flexible worksite (telework); flexible work hours (stagger shifts); snow days	Cancel or modify activities, services, or rituals; follow community health social distancing recommendations
Help Your Community	Volunteer with local groups to prepare and assist with emergency response; get involved with your community as it prepares	Contribute to the local health department's operational plan for surge capacity of healthcare (if schools designated as contingency hospitals)	Identify assets and services your business could contribute to the community response to a pandemic	Provide social support services and help spread useful information, provide comfort, and encourage calm

*Adapted from National Strategy for Pandemic Influenza Implementation.

5. County Health Department

The **BLANK COUNTY** Health Department will:

- a. Develop a Pandemic Preparedness Coordinating Committee representing relevant stakeholders within **BLANK COUNTY**. This committee will be representative of those persons accountable for decision-making within their agency. It is strongly encouraged to build upon existing motivated committees within the community. Examples of agencies and committees to be considered for this committee may include but not limited to the following: City/County Government, Tribal Government, Military Installations, School

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Systems, Healthcare Facilities, Local Emergency Planning Committees (LEPC), Turning Point Initiative partners, local business community, public works, representatives from Higher Education, American Red Cross, Salvation Army, any other volunteer agencies and faith-based organizations. Committee will meet periodically, annually at a minimum, to revise and review plan.

- b. Prioritize public health services at the **BLANK COUNTY** Health Department. These services are prioritized to most effectively address the health and safety of the public. The highest priority is to direct efforts towards the emergency response. Efforts should also be directed towards other essential services, which include the control of high-risk communicable diseases, WIC food vouchers, the prevention of pregnancies, and the prevention of high-risk newborn metabolic disorders. See Tab 1 for a guideline of priorities for the continuation of essential services in a pandemic influenza response effort. Note that these are general guidelines and that some priorities may change given the circumstances, staff availability, and the evolution of the event.
- c. Conduct necessary planning and exercise (tabletop, drill, functional, or full scale) the **BLANK COUNTY** Pandemic Influenza Plan at least annually.
- d. Assist in the education of governmental officials and other response partners about an influenza pandemic.
- e. Coordinate planning for and implementation of disease containment strategies and authorities.
- f. Support the healthcare system's planning and response efforts to include augmentation of medical surge capacity during mass casualty and mass fatality incidents.

B. Surveillance and Laboratory Diagnostics

The OSDH Communicable Disease Division is responsible for conducting routine surveillance for influenza.

- 1. The **BLANK COUNTY** Communicable Disease Nurse will collaborate with Infection Control Practitioners at local healthcare facilities, school nurses, and other occupational health nurses in the county to monitor absentees.

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2. Healthcare facilities will use EMSystem® to track bed status daily, or more frequently if necessary or indicated, and report to Medical Emergency Response Center (MERC) on a daily basis. The **BLANK COUNTY** Health Department will also monitor information submitted on EMSystem® on a daily basis for situational awareness.
3. Influenza-like illness should be monitored at Long Term Care Facilities, as directed.
4. Coordinate Influenza-like illness surveillance with military institutions, especially among personnel returning from areas where a novel virus has been identified.
5. Work in conjunction with local healthcare facilities to develop a protocol for conducting active surveillance for illness due to pneumonia and influenza.
6. Request hospital(s) to inform OSDH of the number of deaths due to pneumonia and influenza.
7. Consider monitoring community impact of absenteeism at major employers.
8. Other surveillance and laboratory functions will be conducted at the state level in accordance with the *Oklahoma Pandemic Influenza Management Plan*.

C. Delivery of Vaccine

Vaccine serves as the most effective preventive method against influenza outbreaks, include pandemics. However, the dissemination of an effective influenza vaccine faces many challenges due mostly to the strain of the virus.

- There will be a significant period of time from the spread of the pandemic and the time it will take to develop an effective vaccine.
- A moderate or severe shortage will likely exist, with the time it will take to develop the vaccine. It is possible that there will not be any vaccine available at all.
- Vaccine will be distributed to populations as per the priority group recommendations. (See Tab 2: Table 1)
- Vaccine delivery will be accordance with county Mass Immunization and Prophylaxis Strategy (MIPS) plan as well as the *Oklahoma Pandemic*

Influenza Management Plan. MIPS plans will be reviewed and updated on an annual basis.

D. Acquisition and Delivery of Antiviral Medications

Antiviral medications such as Oseltamivir (Tamiflu®) and Zanamivir (Relenza®) may be useful in controlling and preventing influenza prior to the availability of vaccine. However, the supply of these antiviral medications is limited. Therefore, recommendations are that the antiviral medications be used for treatment measures rather than as a method of prophylaxis. (See Tab 2: Table 2)

Pandemic influenza will have a severe impact on critical infrastructure, and protection of essential personnel must be reflected in priority groups targeted for these antiviral medications and vaccines. The identification of potential target groups will be made in accordance with the *Oklahoma Pandemic Influenza Management Plan* and under the guidance of the Health and Human Services Pandemic Influenza Plan.

The **BLANK COUNTY** Health Department will:

1. Meet and work with appropriate healthcare facility partners and city/county stakeholders to develop an antiviral allocation and distribution plan.
2. Distribute guidelines for medical providers regarding the use of antiviral medications.
3. Activate a NIMS-compliant Incident Command Structure under the established MIPS plan.
4. Facilitate appropriate use of antiviral medications by healthcare professionals.
5. Monitor adverse reactions to antiviral medications.
6. Work with OSDH on acquisition of antiviral medications.
7. Refer to the *Oklahoma Pandemic Influenza Management Plan* for more detailed information.

E. Health Systems and Emergency Response

Because pandemic influenza is expected to drain the resources of both the public health and medical systems, it is critical that **BLANK COUNTY** partners enhance existing collaboration to ensure continuity of essential services.

1. Coordinated Response Efforts

The **BLANK COUNTY** Health Department, in collaboration with regional public health and medical system partners (Metropolitan Medical Response System, Regional Medical Response System, Regional Medical Planning Group, Medical Emergency Response Center (MERC), and Oklahoma Medical Reserve Corps) will:

- Educate healthcare providers about a pandemic influenza and help involve them in planning the community's response.
- Provide technical assistance to hospitals and healthcare facilities to develop organizational plans for responding to an influenza pandemic, addressing staffing issues, medical surge capacity, triage, and infection control within their facilities.
- Work with healthcare providers to develop plans for expanding staffing, through the use of the Medical Reserve Corps.
- Utilize EMSsystem® to issue alerts and gather information to include:
 - Emergency Department Status
 - Number of available Hospital Beds
 - Medical/Surgical
 - ICU/CCU
 - Pediatric
 - Burn
 - Psychiatric
 - Critical Equipment/Supply Inventory Levels
- Mobilize any available volunteer health professionals, through utilization of the Medical Reserve Corps, to supplement public health and medical system staffing in the community.

An influenza pandemic is expected to significantly increase the demand for medical services, and it is anticipated to result in medical surge that will overwhelm the healthcare system. Additionally, increased absences and illness of the healthcare workers may necessitate implementation of alternate strategies to manage the demand on the health system.

Effective use of local medical resources will be essential in order to adequately manage the medical surge. Hospitals, EMS agencies, physician offices, clinics, and other healthcare facilities will not be able to operate "as usual" due to this increased demand for service and shortages of staff. It may be necessary to implement strategies designed to suspend non-essential services, use staff in non-traditional ways, forecast

increasing demand on services, and build capacity for required equipment and supplies. It is possible that the hospital(s) may not be able to provide anything but austere care and the ill persons will need to be cared for in the home or in alternative care sites.

Community, public health, and medical services providers must work together to plan for and coordinate the local health and medical system response. Local communities should consider developing a health system coalition to discuss, prepare, and plan for the challenges the community will face during an influenza pandemic.

2. Surge Management

Surge management strategies are designed to manage patient flow by coordinating the use of all available resources within the community with the intent to not overwhelm the local medical infrastructure.

During a pandemic, all efforts must be employed to sustain the functionality of the healthcare system, while maintaining an acceptable level of medical care. Hospitals will need to:

- Take steps to increase bed capacity.
- Use volunteer health professionals, as appropriate and available to address critical staffing shortfalls.
- Implement pandemic-specific triage, treatment and patient management procedures.
- Consider alternative mechanisms to treat patients with non-urgent healthcare needs.

3. Staffing Considerations

Staffing will be a major challenge for the healthcare system during a pandemic for the following reasons:

- Many healthcare workers will likely become ill.
- Some healthcare workers will choose to stay home and care for sick family members, or care for children/dependents whose normal daycare provider is unavailable.

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- Volunteer resources may be in short supply since there are very few healthcare workers who are not currently employed, and use of retired healthcare professionals may be limited during a pandemic.

To address these challenges, the local community should:

- Work with local healthcare professional training programs (i.e. medicine, nursing, allied health, pharmacy, etc.) regarding the use of students in pandemic response efforts.
- Work with county medical society to develop plans for implementation of “house calls” for home bound patients.
- Work with the hospital(s) to develop “just in time” training materials necessary to cross train staff, healthcare personnel that do not normally work in the hospital clinical setting, retired licensed providers returning to the workforce, and volunteers.
- Work with the Medical Reserve Corps to determine current number of volunteers residing in the community, and develop local plans for activation and deployment.

4. Alternate Care Sites

BLANK COUNTY (through collaboration with local partners) must identify potential alternate care sites prior to a pandemic. During a pandemic, alternate care sites may be activated to better manage the medical surge affecting hospitals, clinics, and physician offices. These sites would provide supportive care for non-acute patients, and could serve as triage facilities to relieve the burden on hospital emergency departments. The benefits of alternate care sites include:

- Assist individuals who are unable to care for themselves at home.
- Offer transitional care for patients who are stable and transferred from an acute care hospital but are unable to care for themselves at home.
- Offer support to the medical system as deemed necessary.

5. Supplies and Equipment

Due to the anticipated medical surge, availability of supplies will be limited. Healthcare facilities should:

- Consider increasing stock levels of supplies and equipment needed for pandemic response.

- Determine triggers for ordering additional supplies and equipment.
- Develop strategies for acquiring additional supplies and equipment.
- Develop a process to request additional supplies and equipment through the MERC or OSDH Situation Room if there is not a functional MERC in region.

6. Continuation of Essential Medical Services

Plans to ensure continuation of essential medical services in healthcare facilities must be developed. Examples of essential services include, but are not limited to:

- Trauma
- Acute medical conditions (such as acute coronary syndrome, stroke, internal bleeding, respiratory failure, etc.)
- Obstetrics and neonatal
- Continuation of treatment for chronic medical conditions, such as hemodialysis and infusion centers for chemotherapy.

Healthcare facilities should develop plans for how essential services will continue to be staffed and supplied. In addition, healthcare facilities should distribute educational materials encouraging in-home care of affected family members.

7. Public Health Services

During a pandemic, the **BLANK COUNTY** Health Department may suspend normal health department operations to provide assistance for alternate care sites and healthcare facilities. The **BLANK COUNTY** Health Administrator will assess the need to reprioritize department functions and will coordinate mobilization efforts to meet emerging needs of the pandemic within the community. The **BLANK COUNTY** Health Department will:

- Identify which health department services can be delayed or suspended during a pandemic.
- Determine the need to suspend routine operations in order to reassign staff to critical duties.

- Set up MIPS sites as needed in accordance with plans already in place. MIPS sites will be needed only if adequate supplies are available.

F. Community Disease Control and Prevention

1. Containment

The goal of containment strategies is to limit transmission of a novel influenza virus as much as possible. The ability of containment strategies (isolation, voluntary quarantine, and social distancing) to significantly slow the spread of pandemic influenza may be limited by the short incubation period for influenza, the mode of transmission, the large proportion of asymptomatic infections, and the non-specific nature of clinical illness from influenza infection.

2. Social Distancing

In the event of a pandemic influenza outbreak, County and City officials may need to implement a number of actions to reduce the potential for transmission of the virus. The **BLANK COUNTY** Health Administrator will assess the risk to public health based on the current knowledge of the virus and the impact of an influenza pandemic on the population and the anticipated benefits of available containment measures. The **BLANK COUNTY** Health Administrator will make recommendations to key government officials and school system superintendents about actions that should be taken to control the spread of the disease. The situation will be reviewed daily and recommendations to public officials about containment measures will be made.

Social distancing strategies are non-medical measures intended to reduce the spread of disease from person-to-person by discouraging or preventing people from coming in close contact with each other. These strategies could include:

- Closing public and private schools, colleges and universities.
- Suspending non-essential business and government functions, at least temporarily.
- Implementing emergency staffing plans for the public and private sector by considering increased telecommuting and flex scheduling.
- Closing public gathering places such as stadiums, theaters, churches, community centers, and other facilities.

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- Utilizing alternate care facilities to minimize the number of individuals reporting to emergency departments.

Implementation of social distancing may create social disruption and significant, long-term economic impacts. It is unknown how the public will respond to these measures. However, these measures will be necessary for containment of the disease.

Specific social distancing strategies that City/County leaders (upon guidance issued by the Commissioner of Health or other State Agency department heads) may implement are:

- Directing government agencies and private sector to implement emergency staffing plans to maintain critical business functions.
- Suspending public events where large numbers of people congregate, including sporting events, concerts, and parades.
- Closing churches, theaters, community centers, and other places where large groups gather.
- Closing public and private schools, colleges and universities.

G. Infection Control

Infection control strategies have been developed by the United States Department of Health and Human Services (HHS). The information contained is broad and applicable to all jurisdictions. The discussion includes transmission methods, personal protection equipment (PPE), infectious patient management, hygiene, waste disposal, environmental cleaning and disinfections, and issues specific to healthcare settings. Refer to the *Oklahoma Pandemic Influenza Management Plan* for specific infection control measures.

The **BLANK COUNTY** Health Department will advise local businesses, schools, and critical infrastructure about infection control, prevention measures and operating with partial staffing through the establishment of working groups. The **BLANK COUNTY** Health Department will also educate the public about influenza pandemics and steps that can be taken to reduce exposure and infection during a pandemic. Educational materials will be distributed that will discuss infection control practices, including respiratory etiquette (“Cover Your Cough”), hand washing, when to stay home, and when to use a mask and the appropriate use of a mask.

The following personal measures are encouraged to promote infection control:

1. Public Preparation

The most important thing anyone can do in preparation for pandemic influenza is to learn about and practice effective infection control. The transmission of the influenza virus is spread from person-to-person through coughs and sneezes. This can happen when droplets from the cough or sneeze of an infected person travel through the air and reach the mouth or nose of people nearby. Influenza can be spread when a person touched droplets, nose drainage or saliva from an infected person, or solid object, and then touches one's own (or someone else's) nose or mouth before washing their hands.

2. Recognizing Symptoms and When to Stay Home

Symptoms of influenza include fever (usually high), headache, extreme tiredness, dry cough, sore throat, runny or stuffy nose, and muscle aches, nausea, vomiting, and diarrhea also can occur, and are more common among children than adults. It is important to stay home when experiencing any symptoms of influenza. School and childcare personnel should observe closely, all infants and children for symptoms of illness. Notify the parent if a child develops a fever, chills, cough, sore throat, headache, or muscle aches. Send the child home, if possible, and advise the parent to contact the child's doctor. An ill child should be separated from the general population of the school or childcare facility.

3. Hand washing

Use soap and water to wash hands when they are visibly soiled, or an alcohol-based hand rub when soap and water is not available. Wash hands as soon as possible after sneezing or coughing. Wash hands to the extent possible between contacts with infants and children, such as before meals or feedings, after wiping a child's nose or mouth, after touching objects such as tissues or surfaces soiled with saliva or nose drainage, after diaper changes, and after assisting a child with using the toilet. Wash the hands of infants and toddlers when the hands become soiled. Teach children to wash hands when their hands have become soiled. Teach children to wash hands for 10-20 seconds.

4. Practice good respiratory hygiene and cough etiquette

Anyone with signs or symptoms of a respiratory infection should:

- Cover the nose and mouth when coughing or sneezing.

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- Use tissues once to contain respiratory secretions and immediately dispose of them in the nearest receptacle after use.
- Use of handkerchiefs is not recommended.
- Wash hands after having any contact with respiratory secretions and contaminated objects/materials.
- Avoid contact with individuals at risk until respiratory symptoms have resolved.
- Avoid contact with secretions of people who have respiratory illness.

H. Clinical Guidelines

This section serves as a guide for healthcare providers, with the understanding that the management of influenza is based primarily on sound clinical judgment regarding the individual patient as well as an assessment of locally available resources, such as rapid diagnostics, antiviral drugs, and hospital beds. Early antiviral therapy shortens the duration of illness due to seasonal influenza and would be expected to have similar effects on illness due to novel or pandemic influenza viruses.

Refer to the *Oklahoma Pandemic Influenza Management Plan* for specific details. The *Oklahoma Pandemic Influenza Management Plan* adopted the HHS Pandemic Influenza Supplement on Clinical Guidelines.

I. Risk Communication

Dissemination and sharing of timely and accurate information with the healthcare community, the media, and the general public will be one of the most important facets of the response to a pandemic. Advising the public of actions they can take to minimize their risk of exposure, or actions to take if they have been exposed, will reduce the spread of the pandemic and may also serve to reduce the panic and unnecessary demands on vital services.

The **BLANK COUNTY** Health Department will encourage the development of and participate in Joint Information Systems (JIS). There should be a minimum of one trained Public Information Officer (PIO) (ideally there should be three persons trained) within the health department available to be a part of the Joint Information Center (JIC) as established within the JIS. The goals of the JIS are to provide accurate, consistent, and timely information to the public.

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The **BLANK COUNTY** Health Department will:

- Provide education to the public, including local business owners and school systems about influenza pandemics and steps that can be taken to reduce exposure and infection during a pandemic.
- Educate public officials and first responders about influenza pandemics and steps that being taken to plan for outbreaks.
- Consider using the local postal service to disseminate basic public health information.
- Provide daily updates on the pandemic and organize routine press conferences within the JIC.
- Provide information to the public about steps that should be taken to protect against infection, alternate treatment and triage sites, the status of the spread in the community, and containment strategies being implemented.
- Establish a call center to answer citizens' questions and provide education about the pandemic. Use of local 211 systems is encouraged, where available.

Tab 1: Continuation of Services Priority Grid

Local County Health Department Service	1 (Function cannot be delayed)	2 (Function can be delayed but should be resumed as soon as possible)	3 (Function can be delayed until normal business operations resume)
Disease and Prevention Services			
Pandemic Influenza Response	X		
Other Communicable Disease Containment	X		
TB Active Case Tx. and investigation and PT	X		
Immunization		X	
Adult Health/Take Charge!			X
HIV/STD Contact Investigation/Tx	X		
Routine HIV/STD Clinic		X	
Family Health Services			
WIC Voucher Pickup	X		
WIC Certification-Non Breastfeeding Newborn	X		
WIC Certification-Pregnant		X	
WIC Certification-1-5 years of Age			X
WIC Recertifications*		X	
Family Planning Supply Pickup /Early Start/EC	X		
Family Planning Initial Exam**		X	
Family Planning Annual**			X
Maternity Services		X	
Children First		X	
Child Health/Well Baby		X	
Dental Education			X
Lead Screening			X
Newborn Hearing			X
Routine Newborn Metabolic Screening***			X
General Child Guidance			X
SoonerStart (EI)		X	
Protective Health Services			
Routine Food Protection		X	
Community Health Services			
Health Promotion/Education			X
Turning Point			X

*Voucher issuance should continue until such time that the WIC clinic operations can reasonably resume.

**Family planning initial appointments may be delayed and contraception initiated under Early Start and then continued until clinics can reasonably resume. Family planning annual appointments should be delayed and additional contraception issued until such time the clinic schedule can resume. A PHN Standing Order will need to be in place to continue contraception, other than condoms, beyond the initial Early Start protocol and annual exam timeframe.

***Unless notified by OSDH that immediate follow-up on abnormal metabolic screening is needed.

Tab 2: Priority Group Recommendations

Table 1: Vaccine Priority Group Recommendations

Tier	Subtier	Population	Rationale
1	A	Vaccine and antiviral manufacturers and other essential to manufacturing and critical support	Need to assure maximum production of vaccine and antiviral drugs
		Medical workers and public health workers who are involved with direct patient contact, other support services essential for direct patient care, and vaccinators (OK 117,000)	Healthcare workers are required for quality medical care (studies show outcome is associated with staff-to-patient ratios). There is little surge capacity among healthcare sector personnel to meet increased demand
		Immediate family members of those involved in direct patient care or supply and distribution of vaccine	A sick family member may increase workforce absenteeism thereby creating disruption in the provision of vaccines or care
1	B	Persons \geq 65 yrs with 1 or more influenza high-risk conditions, not including essential hypertension (OK 455,000)	Those groups are at high risk of hospitalization and death. Excludes elderly in nursing home and those who are immunocompromised and would not likely be protected by vaccinations.
		Persons 6 mo to 65 yrs with 2 or more influenza high-risk conditions, not including essential hypertension (OK 89,700).	
		Persons 6 mo or older with history of hospitalization for pneumonia or influenza or other influenza high-risk conditions in the past year (OK 95,000).	
1	C	Pregnant women (OK 39,000)	In past pandemics and annual influenza, pregnant women have been at high risk; vaccination will also protect the infant who cannot receive the vaccination

1	C	Household contacts of severely immunocompromised person who would not be vaccinated due to the likely poor response to vaccine (OK 25,000).	Vaccination of household contacts of immunocompromised and young infants will decrease risk of exposure and infection among those who cannot be directly protected by vaccination.
		Household contacts of children \leq 6 mo old (OK 65,000)	
1	D	Public Health emergency response workers critical to pandemic response (OK 3,500)	Critical to implement pandemic response such as providing vaccinations and managing/monitoring response activities.
		Key government leaders.	Preserve decision-making capacity critical for managing and implementing a response.
2	A	Healthy persons 65 yrs and older (OK 230,000).	Groups that are also at increased risk, but not as high risk as population Tier 1 B
		Persons 6 mo to 65 yrs with 1 high-risk condition (OK 465,000).	
		Persons 6-23 mo old, healthy (OK 728,000).	
2	B	Other public health emergency responders	Includes critical infrastructure groups that have impact on maintaining health (e.g. public safety, transportation of medical supplies and food); implementing a pandemic response; and on maintaining societal functions
		Public safety workers, including police, fire, 911 dispatchers, and corrections facility staff	
		Utility workers essential for maintenance of power, water and sewage system functioning	
		Transportation workers transporting fuel, water, food, medical supplies; as well as public ground transportation	

		Telecommunication/IT for essential network operations and maintenance	
3	A	Other key government health decision-makers.	Other important societal groups for a pandemic response but of lower priority
4	A	Healthy persons 2-64 yrs not included in above categories.	All persons not included in other groups based on objective to vaccinate all those who want protection.

Table 2: Antiviral Drug Priority Group Recommendations*

Group	Est. Oklahoma population	Strategy**	Rationale
1. Patients admitted to hospital.***	130,000	T	Consistent with medical practice and ethics to treat those with serious illness and who are most likely to die.
2. Healthcare workers with direct patient contact and emergency medical service providers.	119,600	T	Healthcare workers are required for quality medical care. There is little surge capacity among healthcare sector personnel to meet increased demand.
3. Highest risk outpatient immunocompromised persons and pregnant women.	32,500	T	Groups at greatest risk of hospitalization and death; immunocompromised cannot be protected by vaccine.
4. Pandemic health responders (public health, vaccinators, vaccine and antiviral manufacturers), public safety (police, fire, corrections), and government decision makers.	429,000	T	Groups are critical for an effective public health response to a pandemic.
5. Increased risk outpatients; young children 12-23 mo old, persons \geq 65 yrs old, and persons with underlying medical conditions.	1.1 million	T	Groups are at high risk for hospitalization and death.
6. Outbreak response in nursing homes and other residential settings.	N/A	PEP	Treatment of patients and prophylaxis of contacts is effective in stopping outbreaks; vaccination priorities do not include nursing home residents.
7. Healthcare workers in emergency departments, ICU's, dialysis centers, and emergency medical service providers.	156,000	P	These groups are most critical to an effective healthcare response and have limited surge capacity. Prophylaxis will be best to prevent absenteeism.

8. Pandemic societal responders (e.g. critical infrastructure groups as defined in the vaccine priorities) and healthcare workers without direct patient contact.	132,600	T	Infrastructure groups that have impact on maintaining health, implementing a pandemic response, and maintaining societal functions.
9. Other outpatients.	2.3 million	T	Include others who develop influenza and do not fall within the above groups.
10. Highest risk outpatients.	325,000	P	Prevents illness in the highest risk groups for hospitalization and death.
11. Other healthcare workers with direct patient contact.	104,000	P	Prevention would best reduce absenteeism and preserve optimal functions.

* The committee focused its deliberations on the domestic U.S. civilian population. NVAC recognizes that the Department of Defense (DOD) needs should be highly prioritized. A separate DOD antiviral stockpile has been established to meet those needs. Other groups also were not explicitly considered in deliberations on prioritization. These include American citizens living overseas, non-citizens in the U.S., and other groups providing national security services such as the Border patrol and U.S. Customs Service.

**Strategy: Treatment (T) requires a total of ten (10) capsules and is defined as one (1) course. Post-exposure prophylaxis (PEP) also requires a single course. Prophylaxis (P) is assumed to require forty (40) capsules (4 courses through more may be needed if community outbreaks last for a longer period).

***There is no data on the effectiveness of treatment at hospitalization. If stockpiled antiviral drug supplies are very limited, the priority of this group could be reconsidered based on the epidemiology of the pandemic and any additional data on effectiveness in this population.

(This document was adapted from the HHS Pandemic Influenza Plan and estimated population modified for Oklahoma.)

Tab 3: Containment Measures

CONTAINMENT MEASURES Containment Measures for Individuals*

I. Patient Isolation

Isolation is the separation of infected persons from other persons for the period of communicability to prevent transmission. A patient with a suspected or confirmed case of pandemic influenza should be separated from persons who are well, using infection control measures. Strict isolation is confinement of the individual to a room with a separate bed, and direct contact only with person(s) providing care to the infected individual. Ideally, persons who meet the criteria for novel influenza and do not require hospitalization should be isolated in their homes. If home isolation is not feasible, alternative facilities may be needed for isolation of influenza patients.

II. Management of Contacts

Contact tracing, contact monitoring and quarantine of close contacts may be effective during the earliest stages of a pandemic. Because the usefulness and feasibility of these measures will be limited once the pandemic has started to spread, community-based measures that reduce disease transmission by increasing social distance are needed.

Community-based Containment Measures

I. Quarantine of Groups of Exposed Persons

Quarantine is the limitation of freedom of movement by persons or animals that have been exposed to a communicable disease for a period of time equal to the longest usual incubation period of the disease in order to prevent contact with those individuals not exposed. The purpose of quarantine is to reduce influenza transmission by separating exposed persons from others, monitoring exposed persons for symptoms, providing medical care and infection control precautions as soon as symptoms are detected. Groups that might be quarantined include:

- Family members who have been exposed to influenza.
- Groups of individuals at public gatherings where an exposure has been identified.
- Persons on an airplane, cruise ship or enclosed conveyance.
- School students, teachers and school personnel who have been exposed.
- Healthcare providers who are treating influenza cases.

Workplace quarantine allows exposed employees to work, but employees must observe activity restrictions while off duty. Monitoring for signs and symptoms before reporting to work and the use of Personal Protective Equipment while at work are required. This strategy is applicable for persons who provide essential services while minimizing the adverse impact of essential services provision.

II. Focused Measures to Increase Social Distance

It may be necessary to cancel events, close buildings or restrict access to certain sites or buildings in order limit exposure to influenza cases. Depending on the situation, examples of cancellations or building closures might include:

- Cancellation of public events (concerts, sports events, movies, plays, school events).
- Closure of recreational facilities (community swimming pools, youth clubs, gymnasiums, fitness centers).

III. Community-wide Infection Control Measures

Community-wide infection control measures may decrease the overall magnitude of the outbreak. Persons with signs and symptoms of a respiratory infection, regardless of presumed cause, will be encouraged to:

- Cover the nose/mouth when coughing or sneezing.
- Use tissues to contain respiratory secretions.
- Dispose of tissues in the nearest waste receptacle.
- Perform hand-washing hygiene after contact with respiratory secretions and contaminated objects.

Persons at high risk for complications of influenza will be advised to avoid public gatherings. Disposable surgical-type masks will be used to take care of ill patients to prevent potentially infectious material from reaching the mucous membranes of the healthcare worker's nose or mouth. Mask use may be most important for persons who are at high risk for complications of influenza, those who are unable to avoid contact with infected individuals and for those traveling to seek medical care. The general public should avoid close contact with ill individuals.

IV. Implementation of "Snow Days"

Implementation of "snow days" involves the community in a positive way, is acceptable to most people and is relatively easy to implement. Implementation involves:

- Asking non-essential personnel to stay home.
- Recommend the public acquire and store provisions.

V. Closure of Office Building, Shopping Malls, Schools and Public Transportation

Closure of buildings, schools and public transportation could have a significant impact on the community and workforce. School closings may be effective in decreasing the spread of influenza and may significantly decrease morbidity and mortality among children. These voluntary measures can effectively reduce transmission without explicitly restricting activities.

VI. Widespread of Community Quarantine

Community-wide quarantine is the most stringent and restrictive containment measure. It involves asking everyone to stay home and restricts travel into or out of an area, except by authorized persons such as public healthcare workers. The quarantine may be applicable to all members of a group of people or community to prevent the further spread of the influenza.

VII. Scaling Back Community Containment Measures

The decision to scale back or discontinue community containment measures will be based on:

- Consistent decrease in the number of confirmed cases.
- Reduction in the number of probable and known cases.
- Verifying effective protective countermeasures are in place.

*Adapted from the U.S. Department of Health and Human Services (HHS) Pandemic Influenza Plan, U.S. Department of Health and Human Services, November 2005.

World Health Organization Pandemic Phases

Level of Influenza Activity	Response	Rationale
<p>Phases 1-2 No novel influenza strains of public health concern in global circulation in humans.</p>	Preparedness planning.	Use recommended response actions for interpandemic influenza prevention and control.
<p>Phases 3-4 Limited novel influenza virus transmission abroad; all local cases (e.g., in Oklahoma or the United States) are either imported or have clear epidemiologic links to other cases.</p>	Consider quarantine of close contacts.	Although individual containment measures may have limited impact in preventing the transmission of pandemic influenza (given the likely characteristics of a novel influenza virus), they may have great effectiveness with a less efficiently transmitted virus and may slow disease spread and buy time for vaccine development.
<p>Phase 5 Limited novel influenza virus transmission in the area (e.g., within Oklahoma or the United States) with either a small number of cases without clear epidemiologic links to other cases or with increased occurrence of influenza among their close contacts.</p>	Quarantine of close contacts.	Same as above.
<p>Phase 6 Sustained novel influenza virus transmission in Oklahoma, with a large number of cases without clear epidemiologic links to other cases. Disease control measures aimed at individuals and groups appear effective.</p>	Focused measures to increase social distance; consider community-based measures.	Selective use of group quarantine (focused measures) early in a pandemic when the cope of the outbreak is focal and limited; may slow the geographic spread and buy time for vaccine development.
<p>Phase 6 Sustained novel influenza activity in Oklahoma, with a large number of cases in persons without an identifiable epidemiologic link at the time of initial evaluation; individual control measures are believed to be ineffective.</p>	Community-level measures to increase social distance; consider coordinated community and business closures, and community wide quarantine.	When disease transmission is occurring in communities around the United State, individual quarantine is much less likely to have an impact and likely would not be feasible to implement. Rather, community measures and emphasizing what individuals can do to reduce their risk of infection may be more effective disease control tools.
<p>Phase 6 Decreases in the number of new cases, unlinked (or "unexpected") cases, and generations of transmission.</p>	Consider quarantine of contacts.	
<p>Post Pandemic Period Transmission of pandemic influenza has been controlled or eliminated, no new cases.</p>	Active monitoring in high risk populations; continue for 2-3 incubation periods after control or elimination of transmission.	

*Adapted from: HHS Pandemic Influenza Plan; U.S. Department of Health and Human Services, November 2005.