



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

# IDAHO PANDEMIC INFLUENZA RESPONSE

March 2006

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## EXECUTIVE SUMMARY

Unlike influenza epidemics, which occur seasonally and result in an average of 36,000 deaths in the U.S. each year, influenza pandemics (global epidemics) occur sporadically and have the potential to result in hundreds of thousands of deaths nationally over the course of one year. During the 20<sup>th</sup> century, there were three influenza pandemics, the most severe of which occurred in 1918-19 and caused over 500,000 deaths in the U.S. and more than 50 million deaths worldwide.

Influenza pandemics occur when there is a major change in the structure of a strain of influenza virus such that most (or all) of the world's population is susceptible to infection. These major changes emerge by at least two mechanisms: genetic recombination and adaptive mutation. Of the three influenza pandemics in the 20<sup>th</sup> century, two (1957 and 1968) occurred as a result of major changes in the genetic composition of the virus through the recombination of genetic elements from avian and human influenza strains, and one (1918) occurred as a result of adaptive mutations that allowed the virus to be efficiently transmitted first from birds to humans and then from person-to-person.

At some point in the future, the world may be faced with another pandemic caused by a strain of influenza virus that spreads rapidly and causes extraordinarily high rates of illness and death higher, in fact, than virtually any other natural health threat. Because novel influenza viruses have the potential to spread rapidly, high levels of absenteeism in the workforce can quickly jeopardize essential community services including healthcare services throughout affected regions. Because no one can predict exactly when or where the next influenza pandemic will occur, and little time will be available to prepare after the pandemic is first identified, it is critically important to maximize our ability to respond effectively. As with any of the risks that we face, including natural disasters and the ongoing possibility of another terrorist attack, it is imperative that all segments of society be prepared for such a threat.

During a pandemic, many agencies, organizations, and private institutions will need to work in a coordinated and collaborative manner to ensure an effective overall response in Idaho:

- Emergency management and homeland security agencies (ensure overall coordination of government resources);
- Public health entities;
- First responder agencies (personnel and logistical resources necessary for ensuring the safety of individuals and communities);
- Hospitals and healthcare institutions (frontline of a pandemic and essential planning partners at the local and state level);
- Business Community;
- Volunteer agencies (important partners in emergency response activities); as well as
- Schools, faith communities, tribal entities, essential service providers, etc.

Governmental and business functions that are critical for maintaining community services (police, fire, EMS, hospitals, power, water, grocery stores, etc.) need to develop plans that will assure community infrastructure is maintained in the presence of up to a 30% workforce absentee rate. Businesses will play a key role in protecting employees' health and safety as well as limiting the negative impact to the economy and society. Businesses should establish policies to be implemented during a pandemic; allocate resources to protect employees and customers during a pandemic; communicate with and educate employees; and coordinate with external organizations. As with any catastrophe, having a contingency plan is essential.

Local educational agencies (LEAs) play an integral role in protecting the health and safety of their district's staff and students and their families. The Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) have developed checklists to assist LEAs in developing and/or improving plans to prepare for and respond to an influenza pandemic. Building a strong relationship with the local health department is critical for developing a meaningful plan. Continuity of student learning and core operations; infection control policies and procedures; and communications planning are also key elements in school planning.

Home health agencies will likely be called upon to provide care for patients who do not require hospitalization for pandemic influenza, or for whom hospitalization is not an option because hospitals have reached their capacity to admit patients. These agencies may become overburdened very quickly, and shortages of personnel and supplies for providing home health care may occur. Each home care agency will have unique and unanticipated issues that will need to be addressed as part of a pandemic planning exercise. Collaboration with hospitals, local pandemic planning committees, and public health agencies will be essential to ensure that the affected population receives needed health care services.

Faith communities can plan for the impact of a pandemic on their organization and mission; communicate with and educate their staff, members, and community; and establish internal policies to follow during a pandemic (use of facilities, food, shelter and allocation of other resources).

The Department of Health and Human Services has developed a number of resources for pandemic influenza planning for key stakeholders as listed above (found at: <http://www.pandemicflu.gov/>).

Public health enhancement efforts in Idaho over the last few years have focused on: developing surge capacity for hospitals, identifying a cadre of healthcare volunteers to assist in times of disaster, improving hospitals' abilities to isolate infectious patients, mass vaccination of populations, and mass distribution of medical supplies. The Idaho Department of Health and Welfare (IDHW), State Emergency Medical Services (EMS) Communication Center's capacity has been increased to more effectively provide twenty-four hour, seven-day (24/7) coverage, and the numbers of mountaintop repeaters have been increased to assure communications across the entire state. A mechanism to rapidly communicate information to healthcare providers has been developed (Health Alert Network), and an electronic disease reporting system has been implemented which allows for the rapid transmission of disease reports from the local health departments to the state and on to the CDC. The IDHW Bureau of Laboratories has developed capacity to analyze clinical specimens for a variety of chemicals and viral agents, including avian influenza. The capacity of the district health departments has been increased to perform epidemiology and intervene in disease transmission. Additionally, a system of developing and providing the public information on measures they can take to protect themselves has been developed and used.

The above improvements in infrastructure, while being used on a daily basis, will be key in also dealing with a pandemic. Regardless of the degree of preparedness though, a flu pandemic cannot be prevented, and challenges remain. For example, the public sector has not had the primary responsibility of treating ill patients or being the distributor of medications to treat patients that become ill. As such, the public sector has no distribution system established to provide antivirals to those that become ill and are diagnosed in a physician's office, hospital, or other private clinical setting. Systems will be easily overwhelmed. We can, however, be

prepared to manage, to the extent possible, its consequences. Idaho's public health approach describes a coordinated strategy to prepare for and respond to an influenza pandemic and addresses key health preparedness and response elements such as:

- *Surveillance and Investigation* – Conduct adequate surveillance for and rapid identification and isolation of persons infected with a novel strain of influenza virus through various mechanisms (e.g., expanding the number of existing sentinel surveillance sites, improving school absenteeism reporting, and obtaining the appropriate clinical specimens for laboratory culture).
- *Health Care Systems* – Educate healthcare providers throughout Idaho on the diagnosis and management of pandemic influenza and on appropriate infection control strategies that will minimize the risk of viral transmission in the face of an influenza pandemic.
- *Community Disease Control* – Develop appropriate community-wide strategies that help prevent or delay viral transmission in communities, in non-healthcare institutions, and in households. Examples of such strategies include educating the community about social distancing, disseminating travel advisories, screening persons arriving from affected areas, closing schools, restricting public gatherings, using alternate care sites, and quarantining exposed persons. The application of these interventions will be guided by the evolving epidemiologic pattern of the pandemic and by recommendations from federal and international authorities. The terms “isolation” and “quarantine” are defined in Idaho Code §56-1001 (4) and (8) as follows:

*a. (4): "Isolation" means the separation of infected persons, or of persons suspected to be infected, from other persons to such places, under such conditions, and for such time as will prevent transmission of the infectious agent.*

*b. (8): "Quarantine" means the restriction placed on the entrance to and exit from the place or premises where an infectious agent or hazardous material exists.*

*The Director of Health and Welfare, under rules adopted by the Board of Health and Welfare, shall have the power to impose and enforce orders of isolation and quarantine to protect the public from the spread of infectious or communicable diseases or from contamination from chemical or biological agents, whether naturally occurring or propagated by criminal or terrorist act (Idaho Code §56-1003 [7]). District Health Directors have the same authority, responsibility, powers, and duties in relation to the right of isolation and quarantine within the public health district as does the state.*

- *Vaccines and Antivirals* - During a pandemic, vaccines and antivirals may or not be effective or available, will likely be in short supply, and will have to be allocated on a priority basis.
- *Community and Travel-Related Disease Control* - Public health interventions, such as quarantine and social distancing, will be necessary during a pandemic to slow the transmission of disease in the community.
- *Public Health Communications* - Response officials will need to provide accurate and timely coordinated messages to the public leading up to, and during, a pandemic; an informed public is an asset to the overall response.

- *Workforce Support* - Response agencies and organizations need to ensure the safety and well-being of response personnel to ensure a sustained and effective response.

The Department of Health and Human Services (HHS) has integrated the World Health Organization (WHO) Pandemic Planning Periods into its influenza pandemic response plan. These periods represent different levels of impact on society, based on the progression of a novel influenza virus and its potential to cause a pandemic; therefore, pandemic preparedness requires determining the appropriate capabilities, roles, and responsibilities needed to respond to the different periods. In keeping with the national model, the Idaho Influenza Pandemic Response identifies responsible parties and prescribes necessary actions, based on the pandemic periods.

The Idaho Pandemic Influenza Response was prepared utilizing documents from the following: the U.S. Department of Health and Human Services Pandemic Influenza Plan November 2005 (HHS); the National Immunization Program; the Centers for Disease Control and Prevention (CDC); the World Health Organization (WHO); and referenced other state's Pandemic Influenza Plans (see Attachment 5). The Idaho Pandemic Influenza Response plan is an annex to the *Idaho Department of Health and Welfare Public Health Preparedness and Response Plan*. The response activities will be carried out in collaboration with District Health Departments, the Idaho Bureau of Homeland Security, and other local, state, and federal agencies and organizations. All public and private sectors of Idaho are encouraged to develop their own influenza pandemic response plans that coordinate with the state and local efforts.

*"In October of 1918, some city officials in Southern and Central Idaho decided to close the public schools as a way to stop the flu from spreading further... In the larger towns and cities, such as Twin Falls, the hospital became overcrowded with sick people so they had to find other places to put them. Since the schools and churches were already closed, city officials decided to turn these buildings into makeshift hospitals.".....*

***Prospector, the Newsletter of the Idaho State Historical Society's Junior Historian Program (April 2005)***

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## I. INTRODUCTION

**A. PURPOSE:** This document describes a coordinated strategy to reduce morbidity, mortality, and the social and economic impact of an influenza pandemic in Idaho based on the pandemic influenza response information found in four annexes of the *IDHW Public Health Preparedness and Response Plan*.

Recent outbreaks of human disease caused by avian influenza strains in Asia and Europe highlight the potential of new strains to be introduced into the human population. Studies suggest that avian strains are becoming more capable of causing severe disease in humans and that these strains have become zoonotic in some wild birds. If these strains reassort with human influenza viruses such that they can be effectively transmitted between people, a pandemic can occur.

**B. SCOPE:** This document provides detailed information that outlines the critical steps that should be taken by key stakeholders before, during, and after a pandemic in the following areas:

1. Coordinate response: Statewide implementation of the Incident Command System to complete Emergency Support Functions related to a pandemic influenza.
2. Communicate with the public: Management and coordination among local, state, and federal partners of information provided to the public about the influenza pandemic, influenza disease, affected geographic areas, symptoms, what they must do, where they should go to receive treatment if they are symptomatic, where they should go to receive prophylaxis if they are exposed, etc.
3. Implement laboratory and epidemiology surveillance protocols: Surveillance protocols to rapidly detect a novel influenza virus, respond to its presence, and monitor the burden of disease leading up to, during, and after a pandemic.
4. Request and receive appropriate vaccine, medications, and medical supplies: Actions state and local jurisdictions must take to request and receive needed medical supplies.
5. Disseminate medical supplies to public: Management of the dispensing of necessary vaccine, medications, and/or medical supplies to provide prophylaxis and/or treatment of the symptomatic and asymptomatic population.
6. Recover: Protocols to return state and local public health systems to normal operations.

**C. POLICIES:** The decision to implement the response phase of this plan will be made by the State Health Official. The decision to terminate the response portion of this plan and begin recovery operations will also be made by the State Health Official. The criteria for termination may include:

- The pandemic is contained, and effective control measures are in place;
- Mass vaccination or chemoprophylaxis is complete, and mass dispensing clinics are closed; and
- The imminent public health threat has diminished, and/or the outbreak did not materialize.

## **II. PLANNING ASSUMPTIONS AND CONSIDERATIONS**

### **A. ASSUMPTIONS**

1. The identification of a novel influenza virus with sustained human-to-human spread may give warning of a pandemic weeks or months before the first cases are identified in Idaho.
2. Simultaneous impacts of the influenza pandemic in communities across the U.S. and global spread of infection with outbreaks throughout the world will limit the ability of any jurisdiction to provide support and assistance to other areas.
3. The Governor of Idaho will declare a state of emergency and the Military Division will activate the Idaho Emergency Operations Center in response to influenza pandemic cases being identified in Idaho.
4. Signed Memorandums of Agreement (MOAs) will be honored.
5. Adequate security will be provided to enforce isolation and quarantine orders.
6. Adequate security will be provided to enable District Health Departments to properly disseminate medications (antivirals and vaccines – if available), and medical supplies.
7. Using CDC's Flu Aid program (this program utilizes 1999 Census data); numbers were computed for estimating attack rates in Idaho during a pandemic. Rates of outpatient visits, hospitalizations, and deaths are dependant on the age distribution of the population. At an attack rate of 25% and using CDC estimates of risk status by age, pandemic flu could result in approximately 162,507 outpatient visits, 3,385 hospitalizations, and 759 deaths in Idaho.

### **B. CONSIDERATIONS**

1. The specific characteristics of a future pandemic virus cannot be predicted. It may affect between 20-50% of the total population. It is also unknown how pathogenic a novel virus would be, and which age groups would be affected.
2. Government (federal, state, local) will never be able to completely protect the public from pandemic influenza. Individuals will need to take actions to protect themselves if a pandemic occurs.
3. No effective influenza vaccine will be available early in the course of the pandemic. Virus identification and the generation of seed viruses for vaccine production is a critical first step for influenza vaccine development.
4. Implementing infection control strategies to decrease the global and community spread of infection may reduce the number of people infected early in the course of the outbreak, before vaccines are available for prevention. Travel advisories and precautions, screening persons arriving from affected areas, closing schools and restricting public gatherings, and quarantine of exposed persons may be important strategies for reducing transmission. The application of these interventions will be guided

by the evolving epidemiologic pattern of the pandemic and by recommendations from federal and international authorities.

5. When influenza vaccine becomes available, it may be in short supply and require two doses.
6. Supplies of antiviral medications that are effective against influenza may also be inadequate.
7. Infection control measures such as isolating the sick, screening travelers, and reducing the number of public gatherings may help to slow the spread of influenza early in the pandemic period.
8. Collaboration with the seven District Health Departments will be crucial in assuring adequate medical care and supplies to Idaho's population.
9. Federal and State declarations of emergency will change legal and regulatory aspects of providing public health services during a pandemic.
10. Planning to maintain health care systems will be especially crucial. Good health care will play a central role in reducing the impact, yet the pandemic itself may disrupt the supply of essential medicines, and healthcare workers may be at higher risk of exposure and illness than the general population.
11. Maintaining basic services and infrastructure reduces influenza mortality. Most people who have access to clean water, food, fuel, nursing, and medical care while they are sick will survive. Safely providing these services to the populations who need them, therefore, is a crucial part of planning for pandemic influenza as it is for other emergencies. However, widespread illness in the community could increase the likelihood of sudden and potentially significant shortages of personnel in other sectors that provide critical public services.
12. A second wave of influenza often occurs several months after the pandemic appears to be over.

### **III. DIRECTION AND CONTROL**

#### **A. REPORTING DURING AND AFTER OFFICE HOURS**

Existing command and control system structures will be applied to pandemic influenza (*Idaho Department of Health and Welfare [IDHW] Public Health Preparedness and Response Plan*)

Urgent reporting and response beyond standard working hours is managed by an IDHW Division of Health pager system. The pager system is activated through the IDHW Bureau of Emergency Medical Services (EMS) State Communications Center (StateComm). StateComm operates 24 hours per day, 7 days per week, and can be reached toll-free by telephone within Idaho, the United States, and Canada, or through radio contact via remote mountaintop transmitter sites connected by microwave links to the Center. StateComm is utilized by health care organizations, EMS agencies, and other government agencies throughout the state for notifying appropriate response parties during urgent situations, such as reporting of select diseases and other health-related emergencies.

The Idaho Military Division's Bureau of Homeland Security (BHS) is responsible for overall planning, direction, and coordination of statewide response operations. During a state-declared disaster, Idaho operates under an incident management system. This system is documented in *Idaho's Emergency Operation Plan (IDEOP)*. All of Idaho's state government agencies participate in this system and provide support under the IDEOP. During a state-declared disaster, the Idaho Emergency Operations Center (IDEOC) is activated.

The Idaho Pandemic Influenza Response plan delineates priorities and key agencies and personnel who: 1) make public health and health care decisions related to the response to pandemic influenza; 2) prepare and maintain the state plan; 3) make policy decisions; 4) ensure coordination; 5) maintain lists of key partners; and 6) mobilize resources.

At any phase of the pandemic, case reporting to the Idaho Department of Health and Welfare (IDHW) will be conducted as directed in the Command and Control Appendix to the Base Plan of the *IDHW Public Health Preparedness and Response Plan*.

#### **B. NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS)**

All response to an influenza pandemic will be coordinated through National Incident Management System (NIMS) utilizing the incident command systems outlined in the Base Plan of the *IDHW Public Health Preparedness and Response Plan*.

#### **C. EMERGENCY SUPPORT FUNCTIONS (ESF)**

All response activities and responsibilities to an influenza pandemic will follow the ESF protocols outlined in the Idaho Emergency Operations Plan. ESF functions specific to pandemic influenza are outlined IV. B. below.

### **IV. CONCEPT OF OPERATIONS**

#### **A. FEDERAL ROLES**

An influenza pandemic will represent a national health emergency requiring a coordinated response. As outlined in Homeland Security Presidential Directive 5 (available at: [http://www.fema.gov/pdf/reg-ii/hspd\\_5.pdf](http://www.fema.gov/pdf/reg-ii/hspd_5.pdf)), the Department of Homeland Security has the primary responsibility for coordinating domestic incident management and will coordinate all

nonmedical support and response actions across all federal departments and agencies. The U.S. Department of Health and Human Services (HHS) will coordinate the overall public health and medical emergency response efforts across all federal departments and agencies. Authorities exist under the Public Health Service Act for the HHS Secretary to declare a public health emergency and to coordinate response functions. In addition, the President can declare an emergency and activate the Federal Response Plan, in accordance with the Stafford Act, under which HHS has lead authority for Emergency Support Function #8 (ESF8).

HHS response activities will be coordinated in the Office of the Assistant Secretary for Public Health Emergency Preparedness in collaboration with the Office of the Assistant Secretary for Public Health and Science and will be directed through the Secretary's Command Center. The Command Center will maintain communication with HHS agency emergency operations centers and with other departments.

HHS agencies will coordinate activities in their areas of expertise. Chartered advisory committees will provide recommendations and advice. Expert reviews and guidance also may be obtained from committees established by the National Academy of Sciences, Institute of Medicine, or other forums.

The federal government is responsible for nationwide coordination of a pandemic influenza response. Specific areas of responsibility include:

- Surveillance in the U.S. and globally.
- Epidemiological investigation in the U.S. and globally.
- Development and use of diagnostic laboratory tests and reagents.
- Development of reference strains and reagents for vaccines.
- Vaccine evaluation and licensure.
- Determination of populations at highest risk and strategies for vaccination and antiviral use.
- Assessment of measures to decrease transmission (such as travel restrictions, isolation, and quarantine).
- Deployment of federally purchased vaccine, antivirals, and other resources.
- Evaluation of the efficacy of response measures.
- Evaluation of vaccine and antiviral safety.
- Development of medical and public health communications.

## **B. STATE ROLES**

States are individually responsible for coordination of the pandemic influenza response within and between their jurisdictions. According to the *Idaho Emergency Operations Plan*, the IDHW is the primary lead for implementation of the Emergency Support Function 6, Mass Care; Emergency Support Function 8, Health and Medical Services; and the Strategic National Stockpile Incident Annex. Activities, responders, and supplies listed under these functions that are related to a pandemic influenza response include, but are not limited to:

- Assessment of health/medical needs.
- Health surveillance.
- Medical care personnel.
- Health/medical equipment and supplies.
- Patient evacuation.
- In-hospital care.
- Drug/vaccine safety.

- Worker health/safety.
- Biological hazards consultation.
- Mental health care.
- Public health information.
- Vector control.
- Potable water/wastewater and solid waste disposal.
- Victim identification/mortuary services.
- Veterinary services.
- Shelter, feeding, and emergency first aid to pandemic influenza victims.
- Establishment of systems to provide bulk distribution of emergency relief supplies to disaster victims.
- Collection of information to operate a Disaster Welfare Information (DWI) system for the purpose of reporting victim status and assisting in family reunification.
- Request for the Strategic National Stockpile (SNS) if available pharmaceutical and other medical supplies are insufficient to meet need.
- Coordination of SNS implementation with the District Health Departments.
- Consequence Management/Recovery - Post Pandemic Phase:
  - Follow the *Idaho Emergency Operations Plan* which contains information regarding roles and responsibilities of state and local agencies;
  - Conduct After-Action Report (AAR);
  - Modify existing plans as needed as identified in AAR;
  - Provide guidance to District Health Departments as needed for the recovery and maintenance of the public health infrastructure;
  - Identify effective surveillance, community containment, and infection control procedures in preparation for a possible second pandemic wave; and
  - Other activities as conditions dictate.

In the context of pandemic influenza response, the *Idaho Emergency Operations Plan* (managed by the Idaho Bureau of Homeland Security) also identifies other activities, responders, and supplies that are the responsibility of agencies other than IDHW (full text for each ESF can be found in the plan). These include, but are not limited to:

1. ESF 1: Transportation
  - The Idaho Transportation Department will provide and coordinate construction transportation-related equipment and resources during disaster emergencies.
2. ESF 2: Communications
  - The Idaho Department of Administration, Division of Information Technology and Communications Services, Microwave Services will coordinate state telecommunications support to state and local disaster emergency response elements.
3. ESF 3: Public Works and Engineering
  - The Idaho Department of Administration, Division of Public Works will:
    - Promote and develop mitigation strategies to prevent or reduce damage as a result of disaster emergencies for state-owned or leased buildings and structures.
    - Coordinate needs/damage assessments immediately following a disaster emergency by providing personnel for damage assessment and damage survey

teams, in cooperation with other department personnel with technical expertise to support the assessment effort.

- Provide removal and disposal management of debris from public property.
- Supervise and coordinate the procurement of construction equipment and personnel as it pertains to essential facilities, such as housing and sanitation, in conjunction with the Idaho Transportation Department.
- Provide state and local governments with disaster emergency contractual assistance and guidance to support public health and safety, such as providing for potable water, ice, power, or temporary housing.
- Provide technical assistance, including inspection of private residential structures and commercial structures.
- Provide emergency power to public facilities.

#### 4. ESF 5: Information and Planning

- The Idaho Bureau of Homeland Security will:
  - Provide disaster emergency information pertinent to the preparation of the Governor's Disaster Emergency Declaration.
  - Establish priorities for analyzing and organizing disaster emergency information used for display and report preparation.
  - Provide Situation Report and briefings for the Governor, Adjutant General, Department Directors, IDEOC staff; other public officials; and local, state, or federal offices.
  - Task support agencies to provide technical expertise and information necessary to develop assessment analysis of a developing or ongoing situation.
  - Task support agencies through the Mission Assignment Process (MAP) to support state disaster emergency response and recovery operations.

#### 5. ESF 7: Resource Support

- The Department of Administration's Division of Purchasing and Office of Insurance Management will:
  - Provide operational assistance to the IDEOC and affected areas.
  - Task support agencies to furnish resources to support ID-ESF #7 requirements, including procurement of personnel necessary to establish state operations effectively. Such support will be terminated at the earliest practical time.
  - Task other state agencies or commercial sources to provide equipment and supplies. Supplies to be used will be stockpiled for the purposes of ID-ESF #7.
  - Ensure that all procurement will be supported by a written justification and will be made in accordance with state laws and regulations which, when necessary, authorize other than "full and open competition." The Department of Administration, Division of Purchasing is the central procurement authority for state government. All procurement actions made at the request of state agencies will be in accordance with the Administration's statutory and administrative requirements and will be accomplished using the appropriate fund citation/reimbursement procedures.
  - Provide operational support necessary to establish the response capacity of state agencies.

6. ESF 11: Food
  - The Idaho State Department of Education will identify food assistance needs, coordinate with local responding agencies, obtain appropriate food supplies, and arrange for transportation of food supplies to staging areas.
7. ESF 12: Energy
  - The Idaho Public Utilities Commission and the Idaho Department of Water Resources, Energy Division will:
    - Gather, assess, and share information on energy system damage, and estimate the impact of energy system outages.
    - Coordinate requests for assistance from local energy officials, suppliers, and deliverers:
      - Electricity and electrical transmission networks.
      - Petroleum supplies and pipeline delivery networks.
8. ESF 13: Law Enforcement
  - The Idaho State Police will coordinate delivery of state and federal law enforcement services and assistance based on requests from local or state jurisdictions during an influenza pandemic.
9. ESF 14: Military Support
  - Military support from the Idaho National Guard, Idaho Air National Guard, or Idaho Army National Guard for an influenza pandemic can be used to supplement, not substitute, state and local authorities in the protection and preservation of life, property, and the restoration and maintenance of law and order when the Idaho Emergency Operations Plan has been implemented, and the Governor has declared a disaster emergency. Military support will be provided under these circumstances when requested by civil authorities through the Idaho Bureau of Homeland Security.
10. ESF 15: Agriculture
  - The Idaho Department of Agriculture will provide resources to support requests for agricultural-related assistance by local government.

### **C. DISTRICT HEALTH DEPARTMENT ROLES**

District Health Departments are responsible for coordination of pandemic influenza response with other organizations in their jurisdiction. Specific areas of preparedness responsibilities include the following:

- Identification of public and private partners to assist with preparedness activities (planning, training, and exercises) as well as local or regional response to an outbreak.
- Implementation of mass vaccination clinics for administration of vaccine and anti-viral agents, as appropriate, in coordination with local hospitals, nursing facilities, private providers, and other partners such as the American Red Cross. Clinic activities include receipt, management, administration, documentation, security, crowd control, monitoring, re-call, and accountability of all vaccine and antivirals at facilities within each District Health Department jurisdiction.
- Identification of community leaders to assist in disseminating emergency messages to specific populations.
- Identification, training, and equipping staff to activate a pandemic flu response upon notification.

- Coordination with tribal health organizations and special needs populations to ensure the delivery of medications, vaccine, and other health services to the people of Idaho.
- Participation, along with IDHW and the Idaho Bureau of Homeland Security, in exercising Idaho's pandemic influenza response.
- Consequence Management/Recovery - Post Pandemic Phase
  - Conduct After-Action Report (AAR).
  - Modify existing plans as needed and identified in AAR.
  - Identify effective surveillance, community containment, and infection control procedures in preparation for a possible second pandemic wave.

## **V. IDHW PANDEMIC INFLUENZA RESPONSIBILITIES**

### **A. ASSESSMENT OF HEALTH/MEDICAL NEEDS**

The Idaho Department of Health and Welfare (IDHW) Division of Health Administrator (State Health Official), in consultation with the District Health Department Director(s), will determine the composition of the assessment team based on the type and location of the public health emergency. This function includes the assessment of the health system, acute care, bed capacity, medical supplies, and health manpower. Responsible IDHW programs and support entities are delineated in each task (in parenthesis at the end of each task).

#### **Pre-Pandemic**

- Determine baseline numbers for the amount of effective influenza vaccine available using the table found in Attachment 1. (IDHW: Idaho Immunization Program [IIP])
- Work with the District Health Departments (DHDs) and the Centers for Disease Control and Prevention (CDC) to document the number of influenza vaccines which come into the state each year; work with the DHDs to assess the level of vaccine demand within their respective jurisdictions; and work with the Board of Pharmacy to monitor anti-viral usage by county. (IDHW: IIP)
- Determine number of hospital beds and health care workers available using the table found in Attachment 1. (IDHW: State Comm; Health Preparedness Program [HPP])
- Provide compiled information to State Health Official, IDHW Lead Public Information Officer, and District Directors as needed, and update, as requested. (IDHW: Office of Epidemiology and Food Protection [OEFP]; IIP; HPP; and DHDs)
- Quantify Idaho's population of identified high-priority populations for vaccine and antiviral therapy and prophylaxis. (IDHW: Vital Statistics)
- Assess need for, and availability of, antivirals; and create a stockpile as needed. (IDHW: HPP)
- Work with DHDs to review and update compiled tribal and special populations information annually. Identify from this data areas of high-risk and under-served populations in regards to an influenza pandemic. (IDHW: IIP; Vital Statistics; and DHDs)

#### **Pandemic**

- Collect vaccine data based on pandemic information using the format found in Attachment 1. (IDHW: IPP)
- Collect hospital bed, health care worker, and antiviral data based on pandemic information using formats found in Attachments 1 and 2. (IDHW: State Comm; HPP)

- Provide compiled information to State Health Official, IDHW Lead Public Information Officer, and District Directors, as needed, and update as requested. (IDHW: OEFP; IIP; HPP; and DHDs)

## **B. HEALTH SURVEILLANCE**

The Idaho Department of Health and Welfare (IDHW) and the local District Health Departments (DHDs) monitor the general population and special high-risk population segments; carry out field studies and investigations; monitor injury and disease patterns and potential disease outbreaks; and provide technical assistance and consultations on disease and injury prevention and precautions.

**Note:** *Seasonal Influenza is not a reportable disease in Idaho; however, during a pandemic response reporting is required under Idaho Administrative Code as an “Extraordinary occurrence of illness, including syndromic clusters with or without an etiologic agent.” CDC may declare the circulating strain causing the pandemic a disease of Public Health Significance, requiring health care providers and laboratories to report cases. Idaho’s State Health Official will determine when to activate enhanced surveillance.*

### **Pre-Pandemic**

- Develop protocols in coordination with the DHDs, Idaho Board of Education, Idaho State Department of Agriculture, and the Idaho Department of Fish and Game to collect and track the following (IDHW: OEFP):
  - the number and demographics of severely-affected cases of pandemic influenza,
  - the confirmed cases of novel influenza infection during a pandemic phase,
  - the impact of influenza on children, mid-age range workforce, and the elderly,
  - school and workforce absenteeism,
  - school closures, and
  - influenza activity in poultry, farmed game birds, and wild birds.
- Contact the State Board of Education to determine possible means of sending reminder to school districts that IDAPA 16.02.10 requires them to report all school closures thought to be due to infectious disease to their associated DHD. (IDHW: OEFP)
- Identify process to provide estimates of hospitalizations (severity of illness), geographic distribution of affected areas by district, and general demographic make-up of affected populations (identify high-risk groups for infection and complications) when requested.(IDHW: OEFP)
- Test circulating influenza viruses year-round. (IDHW: Idaho Bureau of Laboratories [IBL])
- Recruit annually influenza-like illness (ILI) sentinel health care providers statewide to participate in the CDC-sponsored Web-based reporting surveillance system. (IDHW: IBL)
- Monitor ILI provider Web-based reporting practices, and encourage regular participation in the surveillance activity. (IDHW: OEFP; and DHDs)
- Provide weekly updates to OEFP on influenza-related and pneumonia deaths among Idaho residents. (IDHW: Vital Statistics)
- Report influenza-related pediatric mortality utilizing the CDC Pediatric Influenza-Associated Death Reporting System found on the Secure Data Network (SDN) as cases are reported and investigated. (IDHW: OEFP)
- Forward appropriate influenza samples to CDC for further analysis. (IDHW: IBL)
- Provide weekly state influenza activity reports to CDC in coordination with the DHDs during influenza season using laboratory reports, ILI reports, death certificate data, school

closures, and reports of illness in residential or long-term care facilities. State-level influenza activity is categorized according to the CDC categories of no activity, sporadic, local, regional, and widespread. (IDHW: OEFP)

- Monitor influenza vaccine mortality data, compare data to previous years, monitor available national mortality data with respect to seasonality and epidemic threshold levels, and compare national data with Idaho-specific data. (IDHW: OEFP; Vital Statistics)
- Monitor influenza vaccine coverage by county and public health district. (IDHW: IIP)
- Monitor bulletins from CDC regarding influenza and novel strains isolated within or outside of the U.S. and respond according to the IDHW Public Health Preparedness and Response Plan. (IDHW: OEFP)
- Educate health care providers on disease-based surveillance and laboratory findings for influenza in collaboration with IBL and the DHDs: (using the Idaho Disease Bulletin, the Idaho Health Alert Network, Webcasts, satellite conferences, and lectures, and the IDHW website. Update website when there is a change in: 1) state level activity category, 2) influenza-related mortality data, and/or 3) federal guidance. (IDHW: OEFP)
- Coordinate surveillance activities with other states, particular regional states, and bordering jurisdictions. (IDHW: OEFP)
  - Obtain contact information for influenza surveillance coordinators in bordering states (WA, OR, MT, UT, WY, NV), Alaska, and British Columbia.
  - Discuss possible data collection methods with above influenza surveillance coordinators.
  - Share Idaho type and subtype information with bordering states/province three times per influenza season: early, middle, and late.
  - Inform affected state/province if Idaho detects a novel virus in a resident of that state/province or if an Idaho resident in which a novel virus was detected traveled to that state/province during the contagious period.
- Update, as needed, investigative guideline for pandemic influenza. (IDHW: OEFP)

### ***Pandemic***

- Determine baseline data for the number and demographics of severely-affected cases of pandemic influenza and the confirmed cases of novel influenza infection using the table found in Attachment 1. Update as required by State Health Official, State Epidemiologist, and DHDs Directors. (IDHW: OEFP; and DHDs)
- Activate avian influenza data-sharing protocol with Idaho State Department of Agriculture (ISDA). (IDHW: OEFP)
- Implement process to provide estimates of hospitalizations (severity of illness), geographic distribution of affected areas by district, and general demographic make-up of affected populations (identify high-risk groups for infection and complications) when requested. (IDHW: OEFP)
- Use developed pandemic investigational guidelines (found in IDHW Public Health Preparedness and Response Plan).

### **C. SURGE CAPACITY (MEDICAL CARE) PERSONNEL**

Combined with a concurrent reduction in the workforce due to illness, absenteeism, family responsibilities, and exhaustion during an influenza pandemic, shortages in healthcare professionals throughout Idaho make personnel surge capacity one of our greatest challenges. Identification of sources of back-up personnel and development of volunteer lists are critically important tasks.

The Idaho Department of Health and Welfare (IDHW), Division of Health, in coordination with the District Health Departments (DHDs) will facilitate access to medical care by mobilizing public and private health care resources from adjacent jurisdictions. Depending on the magnitude of a pandemic, assistance from other states may be needed to respond in Idaho, or Idaho resources may be needed in another state. Idaho Code §46-1010 provides the policies regarding intergovernmental agreements for state-declared disasters.

1. **Emergency Management Assistance Compact:** The Emergency Management Association Compact (EMAC) is an interstate mutual aid agreement that allows states to assist one another in responding to all kinds of natural and man-made disasters.
2. **Pacific Northwest Emergency Management Agreement:** This agreement was made among Alaska, Idaho, Oregon, Washington, and the Canadian Province of British Columbia and the Yukon Territory (April 1996).
3. **Interstate Mutual Aid Compacts:** Idaho's Governor signed a compact with the state of Washington (December 1986) and a separate compact with the state of Montana (April 1987) for assistance during state-declared emergencies. The Idaho Bureau of Homeland Security is responsible for initiating the appropriate procedures to implement the compact.
4. **Nurses:** The Idaho Board of Nursing provides for emergency recognition of other nurses licensed by other states in Idaho Code §54-1412.
5. **Physicians:** The Idaho State Board of Medicine provides for emergency recognition of physicians licensed by other states in Idaho Code §54-1804 (c).
6. **Physicians Assistants:** The Idaho State Board of Medicine IDAPA 22.01.03.031 provides for emergency recognition of physician assistants licensed by other states.
7. **Veterinarians:** The Idaho Board of Veterinary Medicine provides for emergency recognition of other state's veterinary licenses in Idaho Code §54-2104 (2p) and through the United States Department of Agriculture.
8. **Emergency Medical Services (EMS) Responders:** The Idaho Department of Health and Welfare's (IDHW) Bureau of EMS provides for emergency recognition of other state certification through an Interstate Compact with Utah and temporary recognition of EMS certification for fire service specific to medical units for wild and fire camps.

### ***Pre-Pandemic***

- Direct interested medical care personnel to sign up to be DHD Medical Reserve Corps and other volunteer teams via the Idaho Preparedness Learning Management System at <https://www.idahoprepares.com> and/or use other existing sites/applications. (DHDs)
- Update volunteers on pandemic influenza preparedness activities and response roles. (DHDs)

### ***Pandemic***

- Assist District Health Departments (DHDs) to activate their volunteers as needed. (IDHW:HPP)

- Update volunteers on current pandemic influenza situation and on the relevance the current situation may have for Idaho. (DHDs)
- Coordinate mobilization of public and private resources from one or more areas/jurisdiction within Idaho to other areas/jurisdictions in need, utilizing existing MOAs. (IDHW: State Health Official; and DHD Directors)

#### **D. VACCINE/ANTIVIRALS (HEALTH/MEDICAL EQUIPMENT AND SUPPLIES)**

The Idaho Department of Health and Welfare (IDHW) Division of Health will coordinate with the District Health Departments (DHDs) for the provision of health and medical equipment and supplies, including vaccines and pharmaceuticals, biologic products, and blood and blood products (through the American Red Cross) in support of health provider operations, and for restocking health and medical care facilities in an area affected by an influenza pandemic.

##### **Pre-Pandemic**

- Work with the state and local counterparts, including private providers and hospitals, to enhance seasonal influenza and pneumococcal vaccination coverage levels in traditional high-risk groups in which coverage levels are particularly low (e.g., minorities, health care workers, persons younger than 65 years of age with chronic underlying medical conditions). (IDHW: IIP)
- Track all consented vaccinations to provide an idea of state-wide coverage and provide a system for recall and forecasting for future immunizations. (IDHW: IIP). The system will:
  - record antiviral supplies,
  - record antiviral distribution,
  - record antiviral end-use,
  - track, remind, and account for all influenza and pneumococcal vaccinations and antivirals provided during an influenza pandemic, and
  - document and evaluate break-through vaccination cases.
- Monitor the state's vaccine coverage through Vaccines For Children (VFC) provider quality assurance reviews, Comprehensive Clinic Assessment Software Application (CoCASA), the annual school survey, and the National Immunization Survey annual vaccine report. (IDHW: IIP)
- Develop a mass vaccination work group with the DHDs to ensure resources and logistics are in place at the local level, including adequate communication systems.
- Draft standing orders for antiviral prophylaxis and therapy. (IDHW: OEFP)
- Maintain contact with FDA and CDC to learn what off-label usages will require IND protocol or if they will receive an exemption under FDA emergency rules. (IDHW: OEFP)
- Identify high priority populations for *prophylaxis* using pandemic influenza antivirals and/or vaccine, and assure adequate distribution system. (IDHW: HPP; OEFP; State Health Official)
- Identify high priority populations for *therapy* using pandemic influenza antivirals and/or vaccine, and assure adequate distribution system. (IDHW: HPP; OEFP; State Health Official)

##### **Pandemic**

- Acquire needed influenza and pneumococcal vaccine from Idaho suppliers, Idaho stockpiles, the Strategic National Stockpile, etc. (IDHW: IIP)
- Mobilize needed influenza antivirals from Idaho suppliers, Idaho stockpiles, the Strategic National Stockpile, etc. (IDHW: HPP)

- Implement mass influenza and pneumococcal vaccination of Idaho's public, including targeting prioritized populations and high-risk groups, if vaccine is available and as appropriate. (IDHW: IIP; and DHDs)
- Activate antiviral drug stockpile distribution plan. (IDHW: State Health Official; and DHDs)
- Coordinate vaccination and antiviral distribution with bordering jurisdictions. (IDHW: State Health Official; and DHDs)
- Compile and/or develop appropriate forms for administering vaccine and/or antivirals. (IDHW: IIP; OEFP; and DHDs)
- Implement antiviral resistance monitoring plan. (IDHW: OEFP)

## **E. PATIENT EVACUATION**

The Idaho Department of Health and Welfare (IDHW) Division of Health will coordinate the movement of seriously ill or injured patients from the area affected by an influenza pandemic to locations where definitive medical care is available.

## **F. IN-HOSPITAL CARE**

The Idaho Department of Health and Welfare (IDHW), Division of Health will coordinate the provision of definitive medical care to victims who become seriously ill or injured as a result of an influenza pandemic. The Bureau of Emergency Medical Services (EMS) has established and maintains a voluntary listing of pre-committed acute care hospital beds throughout Idaho. Each District Health Department has developed a medical surge plan for their region with the assistance of key stakeholders (hospitals, EMS providers, clinics, etc.).

## **G. DRUG/VACCINE SAFETY**

The Idaho Department of Health and Welfare (IDHW), Division of Health will coordinate with the local District Health Department to conduct an assessment and, if necessary, the seizure, removal, or destruction of contaminated or unsafe products.

### **Pre-Pandemic**

- Increase monitoring of vaccine effectiveness from quality assurance reviews. (IDHW: IIP)
- Use Health Alert Network for dissemination of information on vaccine-related issues, especially vaccine shortage and other important information for state providers. (IDHW: OEFP; IIP)
- Develop plan for educating healthcare workers and antiviral recipients about adverse events and how to report possible adverse events to through MedWatch (<http://www.fda.gov/medwatch/>). Develop plan for distribution of MedWatch forms and web-reporting to healthcare workers and end-users, information from AERS (adverse event reporting system) <http://www.fda.gov/cder/aers/extract.htm>). (IDHW: IIP; OEFP)

### **Pandemic**

- If vaccine is available, increase staff time for VAERS reporting and adverse reporting data entry. (IDHW: IIP)
- Advise antiviral recipients to report possible adverse events through MedWatch (<http://www.fda.gov/medwatch/index.html>). (IDHW: OEFP)

- Work with District Health Departments and private providers to collect, document, and report to the CDC break-through cases of influenza in immunized persons. (IDHW: IIP)

## **H. WORKER HEALTH/SAFETY**

The Idaho Industrial Commission, Division of Building Safety (DBS), Industrial Safety Section will assist in monitoring health and well-being of disaster emergency workers; perform field investigations and studies addressing worker health and safety issues; and provide technical assistance and consultation on worker health and safety measures and precautions.

## **I. BIOLOGICAL HAZARDS CONSULTATION**

The Idaho Department of Health and Welfare (IDHW), Division of Health will assist in assessing health and medical effects of pandemic influenza biological exposures on the general population and on high-risk population groups; mobilize and deploy the local DHDs to conduct field investigations, including collection and analysis of relevant samples; advise on protective actions related to direct human and animal exposure and on indirect exposure through biologically contaminated food, drugs, water supply, etc.; and provide technical assistance and consultation on medical treatment and decontamination of biologically injured or contaminated victims.

### **Pre-Pandemic**

- Encourage influenza testing in persons with a clinically compatible illness, particularly with a recent travel history to the region of the world reporting the novel virus in humans through communications with influenza-like illness sentinel sites, the Idaho Health Alert Network (HAN), and the Idaho Disease Bulletin. (IDHW: OEFP)
- Develop recommendations on whether or not influenza test results should be required for initiation or cessation of treatment. (IDHW: OEFP)
- Develop recommendations for targeted prophylaxis of small clusters (part of investigative guidelines). (IDHW: OEFP)
- Review laws regarding restriction of movement and how to enact them. (IDHW: OEFP)

### **Pandemic**

- Provide advice on outbreak investigation methods and containment activities to DHDs as needed, using IDHW and CDC recommendations as appropriate for Idaho. (IDHW: OEFP)
- If the pandemic viral subtype is found in Idaho, make recommendations to healthcare providers, stakeholders, and the public on how to control the spread of disease (e.g., social distancing measures) based on the epidemiology of the pandemic and the presumed/confirmed effectiveness of the strategy. (IDHW: OEFP)

## **J. MENTAL HEALTH CARE**

The Idaho Department of Health and Welfare (DHW), Division of Family and Children's Services (FACS) will assist in assessing mental health needs; provide disaster emergency mental health training materials for disaster emergency workers; and provide liaison with assessment, training, and program development activities undertaken by state and local mental health officials. FACS will also administer the Emergency Crisis Counseling Program for the Idaho Bureau of Homeland Security (BHS).

## **K. PUBLIC HEALTH INFORMATION**

The Idaho Department of Health and Welfare (IDHW), Division of Health in coordination with the local District Health Department(s) will assist by providing public health and disease and injury prevention information that can be transmitted to members of the general public.

### **Pre-Pandemic**

- Review and revise IDHW Public Health Emergency Communication Plan annually. (IDHW: HPP)
- Develop pre-approved seasonal influenza messages and upload them to the Public Information Officer (PIO) Team Room on the Idaho Preparedness Learning Management System (LMS). (IDHW: Bureau of Public Information and Communication [BPIC])
- Develop and compile pre-approved pandemic influenza messages and communication materials and upload them to the PIO Team Room on the Idaho Preparedness LMS on the following topics: (IDHW: BPIC; HPP)
  - avian influenza,
  - basic information about influenza (including symptoms and transmission),
  - home healthcare guide for influenza illnesses,
  - specific messages around the distribution of limited supplies of antivirals and vaccine,
  - graphics of how an avian influenza evolves into a human pandemic,
  - personal protection/preparedness,
  - workplace guide,
  - educational material for providers emphasizing the need to report adverse events with pandemic influenza vaccine, and
  - information for various stakeholders.
- Develop a pandemic influenza Web page with regional and national links. Key fact sheets and messages should be posted and translated. (IDHW: Division of Health)
- Develop a message distribution plan using radio, television and newspaper print. Incorporate the media and public service announcements. Translate messages into other languages. (IDHW: Division of Health)
- Review and revise pre-event pandemic influenza communication messages. (IDHW: BPIC, OEFP; IIP; IBL; HPP)
- Implement plans and trainings to activate 2-1-1 CareLine as a pandemic Hotline. (IDHW: HPP)
- Utilize already drafted health alerts that can be easily modified as necessary (IDHW: OEFP):
  - to health care workers regarding infection control in office settings,
  - to providers on clinical guidance for evaluation and treatment of suspected avian or pandemic influenza cases,
  - to hospitals regarding latest infection control guidelines,
  - to physicians with flow charts on who to test, and
  - on use of PPE for health care workers, especially the issue of N-95 masks.

### **Pandemic**

- Coordinate the dissemination of necessary pandemic influenza information to stakeholders and the public. Use public information channels identified in the IDHW Public Health Emergency Communication Annex (e.g., press releases, Websites, 2-1-1 CareLine, etc.) (IDHW: BPIC)
- Review all pandemic influenza-related health alerts prior to release. (IDHW: BPIC)

- Release health alerts via the Idaho Health Alert Network (HAN), as necessary. (IDHW: OEFP)
- Distribute recommendations made by OEFP to stakeholders and the public on how to control the spread of disease (e.g., social distancing measures) based on the epidemiology of the pandemic and the presumed/confirmed effectiveness of the strategy. (IDHW: BPIC)

## **L. LABORATORY SURVEILLANCE (VECTOR CONTROL)**

The IDHW, Division of Health will assess the spread of the influenza pandemic virus in Idaho by relying on the District Health Department(s) to conduct field investigations, including the collection for laboratory analysis of relevant samples. The IDHW Bureau of Laboratories will follow current and/or new guidance on specific laboratory procedures necessary for a pandemic influenza response provided and/or revised by CDC.

It is anticipated that effective influenza vaccine will not be available early in the course of the pandemic. Thus, virus identification and the generation of seed viruses for vaccine production is a critical first step for influenza vaccine development. Implementing infection control strategies to decrease spread of infection may reduce the number of laboratory staff infected early in the course of the outbreak, before vaccines are available for prevention. The application of these interventions will be guided by the evolving epidemiologic pattern of the pandemic and by recommendations from international, federal, and state authorities.

### **Pre-Pandemic**

- Maintain proficiency in analyzing influenza samples. (IDHW: IBL)
- Perform influenza viral culture and subtyping of isolates during influenza season and year round, following protocols established in the Virology/Serology Laboratory SOPM. (IDHW: IBL)
- Forward representative or unusual isolates to CDC for further antigenic analysis. Test for other respiratory viruses (parainfluenza 1,2,3, RSV, adenovirus). (IDHW: IBL)
- Maintain a network of sentinel clinics and laboratories which regularly submit respiratory specimens to IBL for influenza culture and typing. Provide collection kits and testing at no charge. (IDHW: IBL)
- Educate health care providers and laboratorians throughout Idaho about the importance of influenza virologic surveillance and its role in the increasing usage of rapid influenza diagnostic tests, through articles published in the IBOL newsletter, letters to clinicians/physicians/hospital laboratories, and presentations through teleconferences and coordination with training provided to Idaho Sentinel Level A laboratories. (IDHW: IBL)
- Conduct molecular techniques such as real-time PCR and multiplex PCR for identification of Influenza A and other respiratory agents, using CDC LRN and/or APHL standardized protocols. (IDHW: IBL)
- Send influenza surveillance data electronically to CDC weekly via the Public Health Laboratory Information System (PHLIS). Maintain database of influenza testing results and share with OEFP. Distribute weekly laboratory testing updates throughout influenza season to stakeholders. (IDHW: IBL)
- Maintain a list of vendors which supply tissue cultures and supplies for respiratory testing, and establish purchasing contracts as needed according to IDHW purchasing policies. (IDHW: IBL)
- Review protocols and techniques with all virology staff, and provide cross-training within the section where needed. (IDHW: IBL)

- Institute plans for testing substantially more specimens than usual. Establish plan for triage of specimens for testing and for choosing which isolates to send to CDC following CDC guidelines and through discussions with OEFP. (IDHW: IBL)
- Distribute guidelines to sentinel laboratories concerning specimen collection, recommended usage of rapid antigen detection tests, and submission of specimens to IBL, via direct mailings, teleconferencing and/or blast fax. (IDHW: IBL)
- Assess reagent and supply inventories; place orders as needed; and contact vendors to reaffirm outstanding orders, and increase as needed. (IDHW: IBL)
- Assemble respiratory virus collection kits to meet surge demand. (IDHW: IBL)
- As per CDC guidance and in coordination with OEFP, test for antiviral-resistant influenza viruses. (IDHW: IBL)

## **Pandemic**

- Educate submitters on safety procedures when handling clinical samples that might represent potentially novel strains of virus. (IDHW: IBL)
- Distribute guidelines and precautions, in association with the IBL, to sentinel sites for collection of influenza specimens from persons who recently traveled to outbreak areas and present with ILI. (IDHW: OEFP)
- Assess the presence of circulating strains of virus in Idaho (laboratory surveillance) by encouraging ILI participants and regional hospital labs (level A labs) to submit samples to IBL. (IDHW: OEFP)
- Receive and monitor guidance documents from CDC which will be appropriate to each specific novel virus alert. (IDHW: IBL)
- Obtain reagents from CDC as they become available to detect and identify the novel strain. (IDHW: IBL)
- Implement CDC guidelines for recommended laboratory testing methodologies and algorithms. Test respiratory specimens for detection of other respiratory viruses. (IDHW: IBL)
- Report test results daily to CDC through the PHLIS and to OEFP. (IDHW: IBL)
- Convene the IBL's management staff to conduct an Initial Laboratory Assessment according to the IDHW Integrated Laboratory Response Plan (*Basic Plan, 8. Planning Assumptions*), which includes potential prioritization of workloads, hours of operation and schedules, and use of IBL's BT response team. Meet with BT response team members and relevant lab staff for assignment of duties and work schedules, review of safety issues, and identification of training needs. (IDHW: IBL)
- Alert the Shipping and Receiving personnel to the potential increase in volume of shipments of specimens to CDC. IBL staff certified to ship Infectious Substances will also be notified. (IDHW: IBL)
- Contact Idaho surge capacity laboratories (*IDHW Integrated Laboratory Response Plan, Annex B: Surge Capacity, 3.B.*) (IDHW: IBL)
- IBL management staff will assess the need to implement surge plans on weekly/daily basis. Assessments will include discussions with the OEFP and the Division of Health. (IDHW: IBL)
- Fully implement surge plans and assess on a pre-determined basis. The effects of an influenza pandemic will be relatively prolonged (weeks to months), and laboratory activities will need to be revised as needed. (IDHW: IBL)
- Monitor and coordinate testing priorities, specimen numbers, and triage with the OEFP. Laboratory testing is not to be used for isolation and quarantine decisions. (IDHW: IBL)
- Distribute guidelines to sentinel labs as requirements for submissions or testing are revised. (IDHW: IBL)

### **M. POTABLE WATER/WASTEWATER AND SOLID WASTE DISPOSAL**

The Idaho Department of Environmental Quality and the District Health Departments (DHDs) assess potable water and wastewater/solid waste disposal issues; conduct field investigations, including collection of laboratory analysis of relevant samples; coordinate the provision of water purification and wastewater/solid waste disposal equipment and supplies; and provide technical assistance and consultation on potable water and wastewater/solid waste disposal issues.

### **N. VICTIM IDENTIFICATION/MORTUARY SERVICES**

The Idaho Department of Health and Welfare (DHW), Division of Health, Vital Statistics will coordinate the provision of mortuary services; temporary morgue facilities; victim identification; and processing, preparation, and disposition of remains. Idaho State Police will assist in providing victim identification by fingerprint, forensic dental, or forensic pathology and/anthropology methods.

### **O. VETERINARY SERVICES**

The Idaho Department of Agriculture will coordinate all veterinary responses to a pandemic influenza. The IDHW, Division of Health Office of Epidemiology and Food Program will provide technical assistance and consultation services, as necessary.

### **P. SHELTER, FEEDING, AND EMERGENCY FIRST AID TO PANDEMIC INFLUENZA VICTIMS**

The American Red Cross will provide shelter for pandemic influenza victims and emergency response workers, as necessary during an influenza pandemic. Shelter provision will include the use of pre-identified shelter sites in existing structures, creation of temporary facilities or the temporary construction of shelters, and use of facilities outside affected areas, should evacuation be necessary. Food will be provided to influenza pandemic victims and response workers through a combination of fixed sites, mobile feeding units, and bulk distribution of food. Such operations will be based on sound nutritional and food safety standards, and will include meeting requirements of disaster emergency victims with special dietary needs. Emergency first aid will be provided to victims and response workers at mass care facilities and at designated sites within the disaster emergency area.

### **Q. ESTABLISHMENT OF SYSTEMS TO PROVIDE BULK DISTRIBUTION OF MEDICAL EMERGENCY RELIEF SUPPLIES TO DISASTER VICTIMS**

The Idaho Department of Health and Welfare (IDHW), Division of Health in coordination with the District Health Departments will establish distribution sites within areas of Idaho affected by a pandemic influenza for bulk distribution of emergency relief items such as vaccine and antivirals. These activities will be completed as outlined in the Point of Dispensing (POD) Operations Annex of the IDHW Health Preparedness and Response Plan. Each of Idaho's District Health Departments has developed a regional plan for expanding health care system capacity in response to a mass casualty incident. Other supplies will be coordinated through the Idaho Bureau of Homeland Security.

In a pandemic, supplies of critical medical items in the state will be rapidly depleted. If local and state assets are depleted, state officials may call upon federal assets through the

Strategic National Stockpile (SNS). As part of the process to deploy the SNS to Idaho, a state disaster would be declared to provide the needed resources to support the SNS activities. The pharmaceuticals within the SNS would be dispensed based on IDAPA 27.01.01 – Rules of the Idaho State Board of Pharmacy.

**R. COLLECTION OF INFORMATION TO OPERATE A DISASTER WELFARE INFORMATION (DWI) SYSTEM FOR THE PURPOSE OF REPORTING VICTIM STATUS AND ASSISTING IN FAMILY REUNIFICATION**

The American Red Cross will manage and maintain a DWI system to provide information to family members outside the pandemic influenza affected areas and to aid in any reunification of family members with the affected areas who were separated as part of the pandemic influenza.

**S. THE REQUEST FOR THE STRATEGIC NATIONAL STOCKPILE (SNS) IF AVAILABLE PHARMACEUTICAL AND OTHER MEDICAL SUPPLIES ARE INSUFFICIENT TO MEET NEED**

These activities will be completed as outlined in the Strategic National Stockpile (SNS) Annex of the Idaho Department of Health and Welfare (IDHW) Health Preparedness and Response Plan, which establishes procedures and assigns responsibilities to prepare for, request, receive, distribute, and dispense the SNS pharmaceuticals and medical supplies in the state of Idaho. It is applicable to all SNS operations within the state of Idaho.

**T. COORDINATION OF SNS IMPLEMENTATION WITH THE DISTRICT HEALTH DEPARTMENTS**

These activities will be completed as outlined in the Strategic National Stockpile (SNS) Annex of the Idaho Department of Health and Welfare (IDHW) Health Preparedness and Response Plan, which establishes procedures and assigns responsibilities to prepare for, request, receive, distribute, and dispense the SNS pharmaceuticals and medical supplies in the state of Idaho. It is applicable to all SNS operations within the state of Idaho.

## Attachment 1: Assessment of Health Needs Status Form

**Date Compiled:**

| Information Needed  | Data Compiled | Source  |
|---|---------------|---|
| # cases by age (nationwide)   |               | CDC   |
| # cases by age (Idaho)  |               | IDHW : Office of Epidemiology and Food Protection (OEFPP) |
| # cases by age (by District)  |               | District Health Departments                               |
| Amount of vaccine available (nationwide)                              |               | CDC   |
| Amount of vaccine available (Idaho)                                   |               | IDHW: Immunization Program (IIP)                          |
| Amount of vaccine available (by District)                             |               | District Health Departments (DHD), IIP                    |
| Amount of antivirals available (nationwide)                           |               | CDC   |
| Amount of antivirals available (Idaho)                                |               | IDHW: Preparedness Program (HPP)                          |
| Amount of antivirals available (by District using request form below) |               | DHD, HPP  |
| # hospital beds available (by District)                               |               | IDHW: State Comm  |
| # of health care workers available                                    |               | DHD, HPP  |

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## Attachment 2: Antiviral Request Form

The following information request will be provided by e-mail to District Health Departments in an Excel® spreadsheet.

| <b>PUBLIC HEALTH DISTRICT ANTIVIRAL SURVEY</b> |                |                  |                |                      |               |                 |
|--|----------------|------------------|----------------|----------------------|---------------|-----------------|
| <b>Facility Information</b>                    |                |                  |                |                      |               |                 |
| <u>Facility Name</u>                           | <u>Address</u> | <u>Contact #</u> | <u>Contact</u> | <u>Facility Type</u> | <u>County</u> | <u>District</u> |

| <b>Facility Requests and Needs</b> |  |  |  |   |   |   |   |  |
|------------------------------------|--|--|--|---|---|---|---|--|
| <u>Facility Name</u>               | <u>Amantadine Doses Ordered Manufacturer 1</u> | <u>Amantadine Doses Ordered Manufacturer 2</u> | <u>Amantadine Doses Ordered Manufacturer 3</u> | <u>Amantadine Doses Received Manufacturer 1</u> | <u>Amantadine Doses Received Manufacturer 2</u> | <u>Amantadine Doses Received Manufacturer 3</u> | <u>Additional Amantadine Needed (Yes or No)</u> | <u>Number of Amantadine Doses Needed</u> |

| <b>Facility Requests and Needs</b> |                                  |   |  |
|------------------------------------|----------------------------------|---|--|
| <u>Osetamivir Doses Ordered</u>    | <u>Osetamivir Doses Received</u> | <u>Additional Osetamivir Needed (Yes or No)</u> | <u>Number of Osetamivir Doses Needed</u> |

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## ATTACHMENT 3: Health and Human Service (HHS) Guidance: Priority Groups for Pandemic Influenza Vaccine

*Assumptions based on current knowledge of influenza transmission and groups at-risk of complications as reflected in the HHS Pandemic Influenza Plan. Subject to modification dependent upon actual epidemiology of pandemic influenza strain.*

| Tier | Population  | Rationale   |
|------|---|---|
| 1A   | <p><b>Health Care Workers</b></p> <ul style="list-style-type: none"> <li>• Medical workers and public health workers (including federal healthcare providers) who are involved in:               <ul style="list-style-type: none"> <li>- Direct patient contact (e.g., vaccination)</li> <li>- Support services essential for direct patient care</li> </ul> </li> </ul>   | <ul style="list-style-type: none"> <li>• Healthcare workers are required for quality medical care of ill persons. Minimal surge capacity exists among Alaska healthcare personnel to meet the increased demand resulting from transmission of a pandemic influenza strain.</li> </ul>   |
| 1B   | <p><b>Highest-Risk Groups</b></p> <ul style="list-style-type: none"> <li>• Persons &gt;65 years of age with at least 1 influenza high-risk condition*</li> <li>• Persons 6 months to 64 years of age with at least 2 influenza high-risk conditions*</li> <li>• Persons 6 months of age or older hospitalized in the past year because of pneumonia, influenza or another influenza high-risk condition*</li> </ul> <p><i>* does not include essential hypertension</i></p> | <ul style="list-style-type: none"> <li>• These groups are at high risk of hospitalization and death. (Persons who are immunocompromised and likely would not be protected by vaccination are excluded from this grouping.)</li> </ul>   |
| 1C   | <p><b>Household Contacts and Pregnancy</b></p> <ul style="list-style-type: none"> <li>• Household contacts of:               <ul style="list-style-type: none"> <li>- Severely immunocompromised persons who would not be vaccinated due to likely poor response to vaccine</li> <li>- Children &lt;6 months of age</li> </ul> </li> <li>• Pregnant women</li> </ul>  | <ul style="list-style-type: none"> <li>• Vaccination of household contacts of immunocompromised persons and young infants will decrease the risk of exposure and infection among those who cannot be directly protected by vaccination</li> <li>• Pregnant women have been at high risk for influenza complications during past pandemics and periods of seasonal influenza.</li> </ul>   |
| 1D   | <p><b>Pandemic Responders</b></p> <ul style="list-style-type: none"> <li>• Public health emergency response workers critical to pandemic response</li> <li>• Key government leaders/health-decision makers</li> </ul>   | <ul style="list-style-type: none"> <li>• These persons are critical to assuring effective management/monitoring of pandemic influenza response activities.               <ul style="list-style-type: none"> <li>- Public health emergency response workers are needed to implement tasks such as vaccination and to manage/monitor response activities.</li> <li>- Key government leaders must preserve decision-making capacity for managing/implementing a response.</li> </ul> </li> </ul> |

|             |   |  |
|-------------|---|--|
| <b>1E</b>   | <p><b>Critical Transportation Workers</b></p> <ul style="list-style-type: none"> <li>• Transportation workers who:</li> </ul> <p>- Transport fuel, water, food, and medical supplies throughout Idaho</p> <p>- Provide public ground transportation services</p>  | <ul style="list-style-type: none"> <li>• Transportation workers assure critical supply lines are maintained throughout Idaho’s geographic area, including many relatively isolated villages in rural Idaho.</li> </ul>       |
| <b>Tier</b> | <b>Population</b>   | <b>RATIONALE</b>   |
| <b>2A</b>   | <p><b>Other High-Risk Groups</b></p> <ul style="list-style-type: none"> <li>• Healthy persons &gt;65 years of age with no high-risk conditions</li> <li>• Persons 6 months to 64 years of age with 1 high-risk condition</li> <li>• Children 6–23 months of age</li> </ul>  | <ul style="list-style-type: none"> <li>• Persons in these groups are at increased risk for influenza complications, but they are not as high-risk as the populations listed in Tier 1B.</li> </ul>                           |
| <b>2B</b>   | <p><b>Critical Infrastructure Groups</b></p> <ul style="list-style-type: none"> <li>• Public safety workers, including police, fire, 911 dispatchers, and correctional facility staff</li> <li>• Utility workers essential for maintenance of power, water, and sewage system functioning</li> <li>• Telecommunication/IT personnel responsible for essential network operations and maintenance</li> </ul> | <ul style="list-style-type: none"> <li>• These persons include critical infrastructure groups that have an impact on maintaining health and societal functions.</li> </ul>   |
| <b>3</b>    | <p><b>Other Groups</b></p> <ul style="list-style-type: none"> <li>• Funeral directors/embalmers</li> </ul>  | <ul style="list-style-type: none"> <li>• Funeral directors comprise another important societal group for a pandemic response, but are of lower priority than other critical infrastructure groups.</li> </ul>                |
| <b>4</b>    | <p><b>Non-High Risk Persons</b></p> <ul style="list-style-type: none"> <li>• Healthy persons 2-64 years of age not included in any of the above categories</li> </ul>   | <ul style="list-style-type: none"> <li>• All persons not included in other groups may be vaccinated after completion of other priority groups, based on the objective to vaccinate all those who want protection.</li> </ul> |

## ATTACHMENT 4: Operational Checklist Pandemic Influenza

| OPERATIONAL CHECKLIST  | Inter-pandemic & Pandemic Alert Periods | Pandemic Periods |         | Check off |
|--|---|------------------|---------|-----------|
|  | Phases 1 - 3                            | Phase 4          | Phase 5 | Phase 6   |
| Pandemic Influenza Response Plan   |   |                  |         |           |
| <b>Surveillance and Investigation</b>  |   |                  |         |           |
| Continue virologic surveillance  |   |                  |         |           |
| Promote and expand disease surveillance network  |   |                  |         |           |
| Monitor state influenza activity weekly, consider year around surveillance   |   |                  |         |           |
| Assure test kits are available at all hospitals  |   |                  |         |           |
| Train HC providers concerning suspect cases  |   |                  |         |           |
| Activate enhanced surveillance   |   |                  |         |           |
| Activate enhanced virologic and disease surveillance   |   |                  |         |           |
| Consider activating emergency staffing levels  |   |                  |         |           |
| Activate disease investigation teams   |   |                  |         |           |
| <b>Health Care Systems</b>   |   |                  |         |           |
| Educate Healthcare Providers about pandemic flu  |   |                  |         |           |
| Promote & train infection control measures   |   |                  |         |           |
| Provide or facilitate testing, management & investigation of suspected patients with novel influenza virus                     |   |                  |         |           |
| Assure proper specimen collection & shipping   |   |                  |         |           |
| Work with CDC to investigate & report special pandemic situations  |   |                  |         |           |
| Initiate active screening & triage of symptomatic people   |   |                  |         |           |
| Limit movement & transport of patient with influenza   |   |                  |         |           |
| Provide criteria for evaluating patient  |   |                  |         |           |
| Assist with clinical management of pt. meeting criteria  |   |                  |         |           |
| <b>Community Disease Control</b>   |   |                  |         |           |
| Educate stakeholders regarding social distancing   |   |                  |         |           |
| Develop plans to implement social distancing measures  |   |                  |         |           |
| Educate public concerning social distancing measures   |   |                  |         |           |
| Develop community plans for Isolation & Quarantine measures  |   |                  |         |           |
| Individual isolation of influenza cases  |   |                  |         |           |
| Quarantine close contacts of influenza cases   |   |                  |         |           |
| Educate public concerning defer travel to countries impacted by influenza  |   |                  |         |           |
| Consider implementing community disease control/ social distancing measures according to epidemiological data and local plans. |   |                  |         |           |
| Monitor effectiveness of containment measures  |   |                  |         |           |
| Activate & Quarantine Orders   |   |                  |         |           |
| Consider Alternate Care Sites  |   |                  |         |           |

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## **ATTACHMENT 5: References**

- Department of Health and Human Services Pandemic Influenza Plan, November 2005
- Department of Health and Human Services, National Vaccine Program Office. Pandemic Influenza Preparedness Plan, (Annex's 7, 8, 9), 2004
- World Health Organization (WHO) Consultation on Priority Public Health Interventions Before and During an Influenza Pandemic, 2004
- World Health Organization (WHO) Pandemic Influenza Draft Protocol for Rapid Response and Containment, January 2006
- Centers for Disease Control and Prevention Guidelines for Large Scale Influenza Vaccination Clinic Planning, 2004-2005
- Centers for Disease Control and Prevention: Updated Infection Control Measures for the Prevention and Control of Influenza in Health-Care Facilities Guidelines and Recommendations (pp.1-4), 2005
- Association of State and Territorial Health Officials: Preparedness Planning for State Health Officials, 2003
- Idaho Department of Health and Welfare Public Health Preparedness and Response Plan – Draft, 2005
- Alaska Pandemic Influenza Plan, January 2006
- Arizona Pandemic Influenza Response Plan, January 2006
- North Carolina Pandemic Influenza Plan, October 2004

### **Pandemic Influenza Website References and Recommended Reading**

- HHS National Pandemic Influenza Response and Preparedness Plan: <http://www.hhs.gov/pandemicflu/plan/>
- HHS Pandemic Flu Website: <http://www.pandemicflu.gov/about/>
- CDC website <http://www.cdc.gov/flu/pandemic.htm>
- Canadian Pandemic Influenza Plan <http://www.phac-aspc.gc.ca/cpip-pclcpi/index.html>
- BC Pandemic Influenza Preparedness Plan <http://www.bccdc.org/content.php>
- WHO Influenza Web Site: <http://www.who.int/csr/disease/influenza/en/>
- WHO Checklist for Pandemic Preparedness Planning: <http://www.who.int/csr/resources/publications/influenza/en/FluCheck5.pdf>

### **Influenza and Infection Control**

- Updated Infection Control Measures for the Prevention and Control of Influenza
- Infection Control Recommendations for Health Care Facilities: <http://www.cdc.gov/flu/professionals/infectioncontrol/>
- Control of influenza outbreaks in institutions: <http://www.cdc.gov/flu/professionals/infectioncontrol/institutions.htm>
- Preventing the spread of influenza in child care settings
- <http://www.cdc.gov/flu/professionals/infectioncontrol/childcaresettings.htm>
- Guidance on the Prevention and Control of Influenza in the Peri- and Postpartum Settings
- <http://www.cdc.gov/flu/professionals/infectioncontrol/peri-post-settings.htm>

### **Guidance on the Use of Masks**

- Guidance on the Use of Masks to Control Influenza Transmission: <http://www.cdc.gov/flu/professionals/infectioncontrol/maskguidance.htm>

### **Respiratory Hygiene**

- Respiratory Protection Program: <http://www.health.state.mn.us/divs/idepc/dtopics/infectioncontrol>

### **Avian Influenza**

- Avian Influenza <http://www.cdc.gov/flu/avian/index.htm>
- Avian Influenza Update: <http://www.cdc.gov/flu/avian/professional/han020405.htm>

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