

TUSCARAWAS COUNTY HEALTH DEPARTMENT



PANDEMIC INFLUENZA RESPONSE PLAN

Version: 2019.04

Date Originally Adopted: 04/10/2019

Date of Last Revision: 02/2011

Date of Last Review: 03/2019

Contents

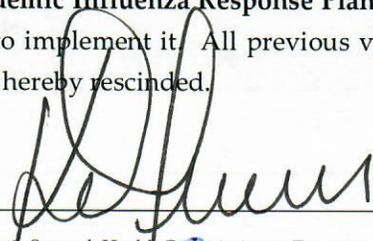
Statement of Promulgation	3
Record of Changes	4
Record of Distribution	5
Explanation of Collaboration and Cooperation	5
Document Description.....	5
Organization and Scope	6
Introduction	7
Purpose & Goals.....	8
Assumptions	8
Concept of Operations.....	9
Direction and Control.....	9
Medical Countermeasures	9
Risk Communications.....	10
Continuity of Operations	10
Pandemic Influenza Response.....	10
CDC Intervals	10
Interval 1: Investigation.....	12
Interval 2: Recognition.....	13
Interval 3: Initiation.....	14
Interval 4: Acceleration.....	15
Interval 5: Deceleration.....	16
Interval 6: Preparation.....	17
Allocating & Targeting Pandemic Influenza Vaccine	18
Abbreviations, Acronyms	20
References and Resources	21

STATEMENT OF PROMULGATION

The **Tuscarawas County Health Department (TCHD) Pandemic Influenza Response Plan** establishes the basis for coordination of Tuscarawas County General Health District (TCHD) and New Philadelphia City Health Department (NPCHD) resources and response to provide public health and medical services during an influenza pandemic.

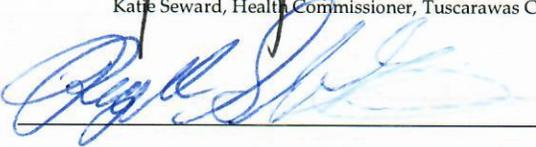
All TCHD and NPCHD program areas are directed to implement training efforts and exercise these plans in order to maintain the overall preparedness and response capabilities of their respective agencies. TCHD and NPCHD will maintain this plan, reviewing it and reauthorizing it at least annually; findings from its utilization in exercises or real incidents will inform updates.

This **Pandemic Influenza Response Plan is hereby adopted**, and all TCHD and NPCHD program areas are directed to implement it. All previous versions of the TCHD and NPCHD **Pandemic Influenza Response Plans** are hereby rescinded.



Katie Seward, Health Commissioner, Tuscarawas County General Health District

4/10/19
Date



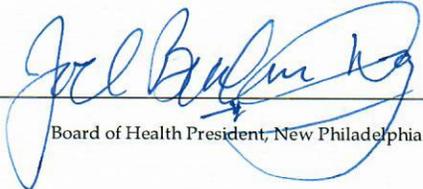
Board of Health President, Tuscarawas County General Health District

4/10/19
Date



Vickie Ionno, Health Commissioner, New Philadelphia City Health Department

4/18/19
Date



Board of Health President, New Philadelphia City Health Department

4/18/19
Date

RECORD OF CHANGES

The Health Commissioner for the Tuscarawas County Health Department authorizes all changes to the Tuscarawas County Health Department **Pandemic Influenza Response Plan**. Change notifications are sent to those on the distribution list. To annotate changes:

- Add new pages and destroy obsolete pages.
- Make minor pen and ink changes as identified by letter.
- Record changes on this page.
- File copies of change notifications behind the last page of this plan.

Change Number	Effective Date	Version	Significant Changes: Page Number & Summary		Name

RECORD OF DISTRIBUTION

A single copy of this Tuscarawas County Health Department **Pandemic Influenza Response Plan** is distributed to each person in the positions listed below.

Date Received	Program Area	Title	Name
	TCHD Administration	Health Commissioner, TCHD	Katie Seward
	NPCHD Administration	Health Commissioner, NPCHD	Vickie Ionno
	TCHD Preparedness Office	PHEP Coordinator	Paul Westlake

This plan is available to all Tuscarawas County Health Department and New Philadelphia Health Department employees on their respective agency websites. Two copies can also be found in the department operations center (DOC) in hard copy format.

EXPLANATION OF COLLABORATION AND COOPERATION

The formal name of this agency is the Tuscarawas County General Health District, dba Tuscarawas County Health Department (TCHD).

The New Philadelphia City Health Department (NPCHD) is a separate, city-owned and managed public health department. For purposes of planning and emergency response, NPCHD has agreed to collaborate and cooperate on the development of this **Pandemic Influenza Response Plan** and in the event of an emergency will respond utilizing this plan.

The Tuscarawas County Health Department (TCHD) **Pandemic Influenza Response Plan** is a multijurisdictional plan that covers all of Tuscarawas County, including the City of New Philadelphia.

In this plan, the words “Tuscarawas County Health Department” and/or “(TCHD)” are used to include both the Tuscarawas County General Health District and the New Philadelphia City Health Department.

DOCUMENT DESCRIPTION

The content of the **Pandemic Influenza Response Plan** is intended to provide guidance for emergency operations regarding an influenza pandemic. Position descriptions, checklists, and diagrams are provided to facilitate that guidance. The information contained in this document is intended to enhance the user’s experience, training, and knowledge in the application of the emergency response and management principles. This document complies with the intent and tenets of the National Incident Management System (NIMS).

ORGANIZATION AND SCOPE

The Pandemic Influenza Response Plan is an annex to the Tuscarawas County Health Department's Emergency Response Plan. The Pandemic Flu Plan will be implemented in tandem with the Emergency Response Plan. Several annexes, attachments and appendices of the existing Emergency Response Plan are particularly relevant to pandemic flu response and are to be referenced and utilized as needed. These include, but are not limited to:

1. Communications Plan
2. Continuity of Operations Plan (COOP)
3. Direction and Control Plan
4. Mass Fatality Response Annex
5. Medical Countermeasures Plan
6. Medical Surge Plan
7. Non-Pharmaceutical Interventions and Isolation/Quarantine Plan
8. Public Health Surveillance and Epidemiological Investigation Plan
9. Responder Health and Safety Plan

INTRODUCTION

Severe influenza pandemics represent one of the greatest potential threats to the public's health. Pandemics are distinct from seasonal influenza epidemics that happen nearly every year. Seasonal influenza epidemics are caused by influenza viruses which circulate around the world. Over time, people develop some degree of immunity to these viruses, and vaccines are developed annually to protect people from serious illness. Pandemic influenza refers to a worldwide epidemic due to a new, dramatically different strain of influenza virus. A pandemic virus strain can spread rapidly from person to person and, if severe, can cause high levels of disease and death around the world. Although many officials believe it is inevitable that future influenza pandemics will occur, it is impossible to predict the exact timing of these outbreaks. As the 2009 pandemic A(H1N1) influenza strain demonstrated, not all pandemics may cause severe illness in all persons, but certain subpopulations may be disproportionately affected. However, in the initial timeframes of a new pandemic strain, the public health and healthcare systems may be stressed handling ill or worried well individuals, disseminating public information, coordinating and implementing vaccination campaigns, and providing recommendations concerning personal protective equipment, and laboratory testing to health care community. The information may be rapidly changing and, at times, contradictory.

The Centers for Disease Control and Prevention (CDC) estimates that in the U.S. alone, an influenza pandemic could infect up to 200 million people and cause between 200,000 and 1,900,000 deaths.

Potential Impact of Influenza (all estimates)

Characteristic	Seasonal Influenza		Severe Pandemic (similar to 1918)	
	US	Tuscarawas County	US	Tuscarawas County
Population	300 million	93,000	300 million	93,000
Clinically Ill	15 – 60 million		90 million	30,000
Outpatient Visits	30 million		45 million	13,900
Hospitalized	200,000		9.9 million	3,069
Deaths	36,000		2.25 million	2,325*

* 2.5% Case Fatality Rate

Seasonal Influenza Impact Assumptions:

- The clinical attack rate is 5% to 20%
- The number of hospitalized persons and case fatalities in Tuscarawas County are based upon US statistics

Pandemic Influenza Impact Assumptions:

- The clinical disease attack rate will be 30% or higher
- At least 50% of those infected will seek outpatient care
- At least 11% of those infected will require hospitalization
- Pandemic Influenza historically carries a 2.5% case fatality rate
- Current (2004-2006) strain H5N1 carries a 50% case fatality rate

(Pandemic Assumptions found at <http://www.pandemicflu.gov>)

PURPOSE & GOALS

The purpose of this Pandemic Influenza Response Plan (PIRP) is to provide the framework for the Tuscarawas County Health Department (TCHD) to identify, respond to, and control an influenza pandemic. The PIRP addresses surveillance, emergency response, pharmaceutical delivery, and communications.

Ultimately, when the plan is implemented, the intention is to minimize the impact of the pandemic in Tuscarawas County and to protect the public's health by achieving these goals:

1. Limit the number of illnesses and deaths.
2. Preserve continuity of essential government functions.
3. Minimize social disruption.
4. Minimize economic losses.

ASSUMPTIONS

- Morbidity and mortality can be minimized by having a comprehensive plan in place.
- A pandemic will occur; the unknowns are time, extent, and amount of warning.
- The origin of the novel virus is unknown.
- In our mobile society, multiple geographic areas may be affected simultaneously, incapacitating large numbers, including those responsible for both health and non-health related emergency services.
- Shortages of essential resources will occur (e.g. pharmaceutical supplies for influenza as well as other chronic diseases, reagents for diagnostic services, life-saving equipment, hospital beds, decontamination and sterilization facilities and protective equipment, morgue sites, and refrigerated storage for bodies and perishable resources).
- Given the shortages of essential medical resources, changes in the usual standards of health and medical care will be required. Rather than doing everything possible to save every life, it will be necessary to allocate scarce resources in a different manner to save as many lives as possible. Altered standards of care may include providing medical care without the usual equipment and trained personnel that is currently used in today's pre-pandemic status.
- Critical to this response and its effectiveness will be the cooperative and coordinated efforts of many persons and organizations within the public and private sectors.
- An influenza vaccine specific to the pandemic strain may not be available at the beginning of a pandemic as the current production process for influenza vaccine takes several months. Once a novel virus is identified, it may take as long as 4 months before a vaccine is available for distribution.

- Two doses of vaccine and co-administration of adjuvant may be required to produce protective immunity in some scenarios.
- With the assumption that only a small percentage of the total vaccine need will initially be available to begin vaccination, not everyone will be able to receive vaccine when it first becomes available. CDC has developed a framework for targeting to specific tiers of the population based on the severity of the pandemic.
- CDC will likely develop a standard vaccine information sheet (VIS) that details the risks and benefits of the disease and the vaccine.
- Since prior influenza vaccination(s) may offer some protection (even against a novel influenza variant), the annual influenza vaccination program, supplemented by pneumococcal vaccination, when indicated, will remain a cornerstone of prevention.
- The federal government will assume primary responsibility for: coordinating national and international disease surveillance and developing an adverse event surveillance system; assessing need for and scope of a vaccine liability program; developing a central information database; providing information templates for state use and guidelines for curtailing transmission.
- Legal authority will be in place for addressing the variety of concerns precipitated by the pandemic itself and the Pandemic Influenza Response Plan document (PIRP).
- Consideration for the needs of special populations, like the pediatric population, will be addressed.
- Command and control for the PIRP will be executed through the TCHD Direction and Control Plan, utilizing the Incident Command System.
- Pandemic influenza response activities are outlined by pandemic phase. Evolution of the pandemic will be identified and declared by the federal government as the phases described below.
- Modified to meet the demands of each of these phases, the components of the PIRP will function throughout the pandemic.

CONCEPT OF OPERATIONS

TCHD will handle and coordinate public health response to a pandemic influenza incident by activating the **TCHD Emergency Response Plan**, its appendices, attachments and annexes.

DIRECTION AND CONTROL

Direction and control for the response will be executed using ICS according to **Annex A: TCHD Direction and Control Plan**.

MEDICAL COUNTERMEASURES

Effective allocation and administration of pandemic influenza vaccine will be a crucial part of TCHD response. The providing of medical countermeasures, including vaccines, antivirals and adjuvant will be executed using **Annex B: TCHD Medical Countermeasures Dispensing Plan**.

RISK COMMUNICATIONS

Communications with TCHD partners and the public during a flu pandemic is of utmost importance. TCHD will utilize **Annex C: TCHD Comprehensive Communications Plan** to keep our partners and the public informed of TCHD response.

CONTINUITY OF OPERATIONS

CDC estimates that with a pandemic influenza outbreak, up to 40% of the workforce will be unable to report for work. If this does occur, TCHD will be required to execute **Annex D: TCHD Continuity of Operations Plan (COOP)**.

PERSONAL PROTECTIVE EQUIPMENT

It is vitally important that proper protective equipment is worn during patient contact. TCHD staff will follow guidelines spelled out in **Annex E: Responder Health & Safety Plan**.

COMMUNITY MITIGATION

Community mitigation is a term applied to steps that are suggested to the public, such as hand washing, respiratory etiquette, isolation and quarantine, school closures, etc. TCHD will follow CDC and ODH recommendations and **Annex F: TCHD Nonpharmaceutical Interventions and Isolation/Quarantine Plan**.

PANDEMIC INFLUENZA RESPONSE

CDC INTERVALS

Preparedness and response to a flu pandemic is based on the Centers for Disease Control (CDC) pandemic intervals. These intervals, along with corresponding World Health Organization pandemic phases, describe the progression of the pandemic and provide a detailed framework for response. Progression through these intervals are not linear and the duration of the intervals might vary from weeks to months, depending on the characteristics of the virus and public health response.

There are six intervals:

1. Investigation
2. Recognition
3. Initiation
4. Acceleration
5. Deceleration
6. Preparation

See Table 1 (next page) for an explanation of the six intervals and how they are connected to the World Health Organization (WHO) organization phases.

Table 1: Preparedness and response framework for novel influenza A virus pandemics		
World Health Organization phases	CDC intervals	State/Local indicators for CDC intervals
Interpandemic phase: Period between influenza pandemics Alert phase: Influenza caused by a new subtype has been identified in humans	Investigation: Investigation of novel influenza A infection in humans or animals	Identification of novel influenza A infection in humans or animals in the United States with potential implications for human health
	Recognition: Recognition of increased potential for ongoing transmission of a novel influenza A virus	Increasing number of human cases or clusters of novel influenza A infection in the United States with virus characteristics indicating increased potential for ongoing human-to- human transmission
Pandemic phase: Global spread of human influenza caused by a new subtype	Initiation: Initiation of a pandemic wave	Confirmation of human cases of a pandemic influenza virus in the United States with demonstrated efficient and sustained human-to- human transmission
	Acceleration: Acceleration of a pandemic wave	Consistently increasing rate of pandemic influenza cases identified in the state, indicating established transmission
	Deceleration: Deceleration of a pandemic wave	Consistently decreasing rate of pandemic influenza cases in the state
Transition phase: Reduction in global risk, reduction in response activities, or progression toward recovery actions	Preparation: Preparation for future pandemic waves	Low pandemic influenza activity but continued outbreaks possible in the state

The following pages indicate response priorities for each of the CDC Intervals. They are taken from CDC's *Morbidity and Mortality Weekly Report (MMWR), September 26, 2014 Updated Preparedness and Response Framework for Influenza Pandemics*. See Appendix 1.

Interval 1: Investigation

State/Local indicator: Identification of novel influenza A infection in humans or animals in the United States with potential implications for human health.

Domain	State/Local
Incident management	<ul style="list-style-type: none"> • Review local response plans. • Review and exercise all aspects of influenza response.
Surveillance and epidemiology	<ul style="list-style-type: none"> • Maintain and enhance influenza and respiratory virus surveillance systems as needed. • Assess contacts of ill persons to determine human-to-human transmission and risk factors for infection. • Report cases according to the Ohio Disease Reporting System (ODRS), and Realtime Outbreak and Disease Surveillance (RODS) • Identify whether state assistance is required to support surveillance systems, field investigation, laboratory, and animal control resources.
Laboratory	<ul style="list-style-type: none"> • Assess and optimize laboratory capacity to detect and characterize influenza cases. • Coordinate activities with state/local veterinary diagnostic laboratories. • Identify whether state or federal assistance is required to support laboratory activities.
Community mitigation	<ul style="list-style-type: none"> • Emphasize the importance of personal protective measures (e.g., voluntary isolation by staying home when ill, respiratory etiquette, and hand hygiene) in limiting spread of influenza. • If human-to-human transmission is suspected, consider recommending isolation of ill persons and voluntary quarantine of close contacts (e.g., household members). • Enhance all usual influenza pandemic preparedness activities with schools and businesses.
Medical care and countermeasures	<ul style="list-style-type: none"> • Advise health-care providers to promptly diagnose influenza and promptly treat ill persons. • Based on current recommendations, implement infection-control practices; distribute health advisory notices with information on case definitions and infection-control measures to hospitals and outpatient care centers. • Review all guidance documents, update as needed for the situation, and communicate with key stakeholders. • Conduct all usual influenza pandemic preparedness activities with health-care facilities.
Vaccine	<ul style="list-style-type: none"> • Evaluate all usual influenza pandemic preparedness activities, including a review and update of vaccine distribution and administration plans, medical countermeasure plans, process for rapid contract negotiation and staffing, mechanisms to identify and provide vaccine and document vaccination for critical infrastructure personnel and other possible priority groups for vaccination, and plans and staffing for mass vaccination clinics and points of dispensing. • Review all guidance documents, update as needed for the situation, and communicate to key stakeholders.
Risk communication	<ul style="list-style-type: none"> • Frequently update clinicians and veterinarians. • Share information with key regional and local partners, health care coalitions, EMS agencies, etc. • Disseminate timely and relevant messages to the public as appropriate. • Work with CDC, USDA, and the Food and Drug Administration (FDA) to disseminate messages regarding food safety concerns as appropriate.
State/Local coordination	<ul style="list-style-type: none"> • Determine whether state or federal assistance is required to support review and update of response plans. • Provide technical assistance as appropriate to regional and local partners for reviewing plans, guidance, and communication channels.

MMWR / September 26, 2014 / Vol. 63 / No. 6

INTERVAL 2: RECOGNITION

State/Local indicator: Increasing number of human cases or clusters of novel influenza A infection in the United States with virus characteristics indicating increased potential for ongoing human-to-human transmission.

Domain	State/Local
Incident management	<ul style="list-style-type: none"> • Continue or initiate actions described for the investigation interval for all domains. • Consider activation of the department operations center (DOC). • Forecast future resource needs for a potential response.
Surveillance and epidemiology	<ul style="list-style-type: none"> • Conduct enhanced novel influenza A surveillance. • Continue case-based investigation and control using standard methods. • Report cases according to the Ohio Disease Reporting System (ODRS), and Realtime Outbreak and Disease Surveillance (RODS)
Laboratory	<ul style="list-style-type: none"> • Confirm all suspected cases at a public health laboratory. • Prepare specimen triage plans and implement surge plans if needed.
Community mitigation	<ul style="list-style-type: none"> • Prepare for implementation of community mitigation measures, in addition to voluntary home isolation of ill persons, respiratory etiquette, hand hygiene, and infection control. These might include voluntary home quarantine of contacts, use of face masks, temporary closure of child care facilities and schools, and social distancing measures.
Medical care and countermeasures	<ul style="list-style-type: none"> • Consider implementation of voluntary contact chemoprophylaxis based on current recommendations. • Educate clinicians about recommended treatment, prophylaxis, and infection-control guidelines. • Initiate contact with TC HS & EMA Director regarding the potential receipt and distribution of SNS countermeasures, as appropriate. • Initiate initial contact with open and closed POD partners of potential need to open PODs • Assess impact on medical care facilities; Identify whether medical resources are enough to manage ill persons and conduct case-based control efforts.
Vaccine	<ul style="list-style-type: none"> • Prepare for vaccine availability and vaccine campaign; refine vaccine distribution and administration plans if a campaign will be initiated, including mass vaccination initiatives and coordination with pharmacies and other groups, as appropriate. • Consider enrolling adult, obstetrical, and pediatric health-care providers, including pharmacies, to promote vaccine access to persons in all indicated age and risk groups and ability to identify and vaccinate critical infrastructure personnel. • Ensure that all identified vaccinators are authorized, and review policies and procedures regarding identification, authorization and training of nontraditional vaccinators. • Confirm vaccine providers have access to the immunization information system (IIS) or alternative systems. • Review capacity and capabilities of IIS for use by vaccine providers and in mass vaccination clinics for the required dosing schedule anticipated (1 or 2 doses with or without adjuvant).
Risk communication	<ul style="list-style-type: none"> • Develop or update a media relation and outreach plan. • Disseminate risk communication messages, including what is known, what is not known, and what is being done by public health officials. • Disseminate messages for travelers, as well as community mitigation messages, when to seek care, and how to care for ill persons at home as appropriate. • Conduct briefings with local and regional response partners, businesses, and health-care facilities on the potential for escalation, response actions underway, and preparedness steps that partners should consider. • Work with ODH, CDC, the U.S. Department of Agriculture, and the Food and Drug Administration to disseminate messages to address food safety concerns as appropriate.
State/Local coordination	<ul style="list-style-type: none"> • Continue to coordinate with all partners.
<p>* Source: Reed C, Biggerstaff M, Finelli L, et al. Novel framework for assessing epidemiologic effects of influenza epidemics and pandemics. <i>Emerg Infect Dis</i> 2013;19:85–91. MMWR / September 26, 2014 / Vol. 63 / No. 6</p>	

INTERVAL 3: INITIATION

State/Local indicator: Confirmation of human cases of a pandemic influenza virus in the United States with demonstrated efficient and sustained human-to-human transmission.

Domain	State/Local
Incident management	<ul style="list-style-type: none"> • Continue or initiate actions described for the recognition interval. • Activate department operations center (DOC).
Surveillance and epidemiology	<ul style="list-style-type: none"> • If affected, continue enhanced surveillance; conduct case investigation and response. • If unaffected, prepare for investigation and response.
Laboratory	<ul style="list-style-type: none"> • Continue to confirm all suspected cases at a public health laboratory, resources permitting; prepare a plan for limiting testing using surveillance criteria.
Community mitigation	<ul style="list-style-type: none"> • Consider implementing appropriate community mitigation measures in selected affected locations or institutions as indicated by the results of the Pandemic Severity Assessment Framework provided by ODH or CDC.
Medical care and countermeasures	<ul style="list-style-type: none"> • Monitor the surge in health-care needs and assess whether assistance is needed to mitigate the surge. • Review and prepare to activate the Mass Fatality Response Annex. • Consider requesting state caches of medical supplies, as available and needed. • Consider implementation of voluntary quarantine of contacts and chemoprophylaxis of exposed persons based on current recommendations.
Vaccine	<ul style="list-style-type: none"> • Implement stockpiled pandemic vaccination campaigns if a stockpiled pandemic vaccine is available, appropriate for the emerging virus, and the U.S. government has made the decision to do so. • Update the medical countermeasure/vaccine distribution plan based on CDC prioritization guidelines, estimated allocation of vaccine, and epidemiology of pandemic influenza in the state.
Risk communication	<ul style="list-style-type: none"> • Disseminate updated risk messages, including providing anticipatory guidance or information on what might be expected. • Share information regarding antivirals and the possibility of implementation of community mitigation measures as appropriate. • Continue to provide regular updates to key partners, stakeholders, elected officials, and the media.
State/Local coordination	<ul style="list-style-type: none"> • Continue to coordinate with all partners. • Prepare to receive funds to support response, if available.

INTERVAL 4: ACCELERATION

State/Local indicator: Consistently increasing rate of pandemic influenza cases identified in the state, indicating established transmission.

Domain	State/Local
Incident management	<ul style="list-style-type: none"> • Continue or initiate actions described for the initiation interval. • Maintain processes to monitor effectiveness of response.
Surveillance and epidemiology	<ul style="list-style-type: none"> • If affected, transition surveillance from individual case confirmation to severe disease and syndromic surveillance as appropriate. • If unaffected, continue individual case confirmation. • Monitor for changes in epidemiology.
Laboratory	<ul style="list-style-type: none"> • Provide laboratory confirmation of only a sample of cases as required for virologic surveillance. • Implement revised specimen submission protocol per CDC and ODH guidance as appropriate.
Community mitigation	<ul style="list-style-type: none"> • Consider activating (if not already implemented) or expanding (if already implemented) appropriate community mitigation measures for affected communities (such as temporary closure of child care facilities and schools, school and workplace social distancing measures, and postponement or cancellation of mass gatherings). • Monitor effectiveness of community mitigation measures. • Monitor adverse impact of community mitigation measures on society, and coordinate with local response agencies to address the impact if possible.
Medical care and countermeasures	<ul style="list-style-type: none"> • Monitor and respond to surge in health-care needs, including setting up alternative care sites. • Educate clinicians and the public about the need for prompt treatment of ill persons. • Review and prepare to activate the Mass Fatality Response Annex. • Monitor antiviral use to identify possible shortages. • Consider deployment of state/local caches.
Vaccine	<ul style="list-style-type: none"> • Implement vaccination campaigns if stockpiled pandemic or newly developed antigen-specific pandemic vaccine is available. • Monitor vaccination coverage levels and adverse events.
Risk communication	<ul style="list-style-type: none"> • Disseminate updated risk messages. • Share updated information regarding vaccine. • Continue to provide regular updates to partners, stakeholders, elected officials, and the media.
State/Local coordination	<ul style="list-style-type: none"> • Continue to coordinate with all partners. • Support maintenance of critical infrastructure and key resources as appropriate.

INTERVAL 5: DECELERATION

State/Local indicator: Consistently decreasing rate of pandemic influenza cases in the state.

Domain	State/Local
Incident management	<ul style="list-style-type: none"> • Continue actions described for the acceleration interval as appropriate. • Review plans and evaluate whether response activities are proportionate to the situation.
Surveillance and epidemiology	<ul style="list-style-type: none"> • Continue severe disease and syndromic surveillance. • Monitor for changes in epidemiology.
Laboratory	<ul style="list-style-type: none"> • Provide laboratory confirmation of only a sample of cases as required for virologic surveillance. • Submit a sample of viruses or specimens to CDC per CDC guidance on revised specimen submission.
Community mitigation	<ul style="list-style-type: none"> • Assess, plan for, and implement targeted cessation of community mitigation measures if appropriate.
Medical care and countermeasures	<ul style="list-style-type: none"> • Initiate targeted cessation of surge capacity strategies as appropriate. • Maintain aggressive infection-control measures in the community.
Vaccine	<ul style="list-style-type: none"> • Continue vaccination response as appropriate.
Risk communication	<ul style="list-style-type: none"> • Disseminate updated risk messages. • Provide information on measures to prepare for and respond to possible additional pandemic waves.
State/Local coordination	<ul style="list-style-type: none"> • Continue to coordinate with all partners.

MMWR / September 26, 2014 / Vol. 63 / No.

INTERVAL 6: PREPARATION

State/Local indicator: Low pandemic influenza activity with possible continued outbreaks in the state.

Domain	State/Local
Incident management	<ul style="list-style-type: none"> • Continue actions described for the deceleration interval as appropriate. • Consider deactivation of the DOC. • Prepare for subsequent waves. • Create an after-action report to document lessons learned.
Surveillance and epidemiology	<ul style="list-style-type: none"> • Continue case confirmation of selected cases to monitor progress of the pandemic and to detect acceleration to the next wave. • Begin conducting routine interpandemic surveillance.
Laboratory	<ul style="list-style-type: none"> • Return to routine interpandemic virologic surveillance. • Assess and optimize laboratory capacity.
Community mitigation	<ul style="list-style-type: none"> • Modify community mitigation measures as necessary. • Continue to promote community mitigation preparedness activities on standby for a subsequent wave.
Medical care and countermeasures	<ul style="list-style-type: none"> • Monitor medical surge trends. • Replenish stockpiles or caches as able. • Monitor antiviral dispensing and usage trends.
Vaccine	<ul style="list-style-type: none"> • Participate in vaccine recovery as appropriate. • Continue to vaccinate, with a focus on hard-to-reach populations, in anticipation of a subsequent wave.
Risk communication	<ul style="list-style-type: none"> • Disseminate updated risk messages, including information on measures to prepare for and respond to possible additional pandemic waves.
State/Local coordination	<ul style="list-style-type: none"> • Continue to coordinate with all partners.

ALLOCATING & TARGETING PANDEMIC INFLUENZA VACCINE

Vaccination remains the most effective tool to fight the spread of influenza. The main goal of the CDC's national pandemic influenza vaccination program is to vaccinate all persons in the United States who choose to be vaccinated, prior to the peak of the disease. The U.S. goal is to have enough influenza vaccine available for general administration to the public within 4 months of a pandemic declaration. They estimate that the first doses should be available within 12 weeks.

It is recognized that the vaccine supply may not be sufficient early in a pandemic. The Centers for Disease Control and Prevention (CDC) has developed planning guideline on who should receive the vaccination early in a pandemic. These guidelines are based on protecting those who will maintain homeland and national security, are essential to the pandemic response and provide care for people who are ill, be at a greater risk of infection because of their job, and those who are most medically vulnerable to severe illnesses such as young children and pregnant women.

TCHD will follow the national guidance to ensure fairness and uniformity across the region, state and country. It must be recognized that depending on the severity of the pandemic, the CDC vaccination guidelines may change.

Category	Population Group	Low Severity	Moderate Severity	High/ Very High Severity
Homeland and national security	Deployed & mission essential personnel	1	1	1
	Essential military support & sustainment personnel		2	2
	Intelligence services		2	2
	National Guard personnel		2	2
	Other domestic national security personnel		2	2
	Other active duty military & essential support		3	3
Health care and community support services	Public health personnel	1	1	1
	Inpatient health care providers	1	1	1
	Outpatient & home health providers	1	1	1
	Health care providers in long-term care facilities	1	1	1
	Pharmacists & pharmacy technicians	1	1	1
	Community support & emergency management		2	2
	Mortuary services personnel		2	2
	Other health care personnel		2	3
Other critical infrastructure	Emergency services & public safety sector personnel (EMS, law enforcement, & fire services)	1	1	1
	Manufacturers of pandemic vaccine & antivirals	1	1	1
	Communications/information technology (IT), electricity, nuclear, oil & gas, water sector personnel, & financial clearing & settlement personnel			2
	Critical government personnel - operational & regulatory functions			2
	Banking & finance, chemical, food & agriculture, pharmaceutical, postal & shipping, & transportation sector personnel (critical infrastructure with greater redundancy)			3
	Other critical government personnel			3
General population	Pregnant women	1	1	1
	Infants & toddlers 6-35 months old	1	1	1
	Household contacts of infants <6 months old	2	2	2
	Children 3-18 years old with high risk condition	2	2	2
	Children 3-18 years old without high risk condition	2	2	3
	Adults 19-64 years old with high risk condition	2	3	4
	Adults ≥65 years old	2	3	4
	Healthy adults 19-64 years old	3	4	5

ABBREVIATIONS, ACRONYMS

CDC	Centers for Disease Control and Prevention
COOP	Continuity of Operations Plan
DOC	Department Operations Center
ERP	Emergency Response Plan
ICS	Incident Command System
MMWR	Morbidity and Mortality Weekly Report
NIMS	National Incident Management System
NPCHD	New Philadelphia City Health Department
ODRS	Ohio Disease Reporting System
PIRP	Pandemic Influenza Response Plan
RODS	Realtime Outbreak and Disease Surveillance
TCHD	Tuscarawas County Health Department
VIS	Vaccination Information Sheet
WHO	World Health Organization

REFERENCES AND RESOURCES

1. Summit County Public Health Pandemic Influenza Appendix
2. CDC MMWR Updated Preparedness and Response Framework for Influenza Pandemics
3. CDC Interim Updated Planning Guidance on Allocating and Targeting Pandemic Influenza Vaccine During an Influenza Pandemic
4. FEMA IS-520 Introduction to Continuity of Operations Planning for Pandemic Influenzas
5. US Department of Health and Human Services Pandemic Influenza Plan, 2017 Update