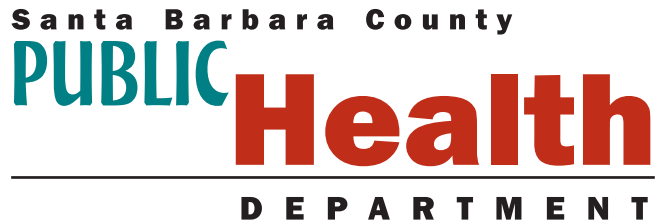



SANTA BARBARA COUNTY PUBLIC HEALTH DEPARTMENT
Pandemic Influenza Response Plan



Pandemic Influenza Response Plan

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Introduction

The Disease and the Plan

An outbreak of pandemic influenza would constitute a national public health emergency. The virus is highly contagious and has the potential to cause high morbidity, mortality, and civil unrest. The Centers for Disease Control and Prevention (CDC) have classified influenza as a “Category C” agent.

The Santa Barbara Region

Santa Barbara has several features that make it a potential target for a terrorist attack. It has a population of over 400,000 and is home to both the Vandenburg military base and a major California public university that is the largest employer in the region in addition to being home to about 20,000 students and faculty. It also has a very robust, year round, travel and tourism industry and has strong ties to the agricultural and high technology industries. Additionally, Santa Barbara has three major hospitals and is in close proximity to other major metropolitan areas including Los Angeles.

Plan Background

The Santa Barbara County Public Health Department (SBCPHD), together with the SIMI Group, Inc., developed the Santa Barbara County Smallpox and Pandemic Influenza Response Plan to prepare for the possibility of a local outbreak of smallpox or pandemic influenza. The Plan was developed within the overall framework of the Bioterrorism Preparedness and Response Program to strengthen emergency preparedness and response capabilities related to smallpox, influenza and other highly contagious airborne or droplet-based respiratory issues with a potentially high degree of morbidity and mortality.

The goal of the Santa Barbara County Public Health Department is to be prepared to respond in an appropriate and timely manner in a pandemic influenza emergency in order to reduce the incidence of morbidity and mortality. Toward this goal the Public Health Department will:

- Determine and order public health protective actions,
- Initiate Communicable Disease (CD) interventions appropriate to stop transmission of pandemic influenza,
- Coordinate and provide protective measures as ordered by the County Health Officer or designee in coordination with the medical community and other partners

This Plan represents original writing and thought and is also adapted from:

- California Influenza Pandemic Response Plan (September 2001)
- State of California Smallpox and Influenza Plan Local Guidance (2004)
- San Diego County Stockpile and Mass Prophylaxis Plan (updated February 2004)
- Santa Barbara County Pandemic Influenza Draft Plan (August 9, 2004)
- Santa Barbara Public Health Smallpox and Flu Plan Interview (August 2004)
- Frequent interviews with Public Health Staff (August 2004)

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This Plan is subject to revision as additional guidance is received from the state and federal government as well as local experience gained in testing and conducting simulation exercises. At the beginning of each major chapter a series of Action Items and Take Home Points is included. These points are to be considered a brief executive summary of the key items within that section but does not constitute the section in entirety. Comments and suggestions are welcome and should be directed to the Santa Barbara County Public Health Department Bioterrorism Coordinator.

PURPOSE OF THE PLAN

The purpose of this Plan is to prepare the Santa Barbara County Public Health Department and all of its community partners to respond to a pandemic influenza emergency. This plan will also be utilized, in whole or part for an airborne or droplet-based respiratory infectious disease cluster or outbreak with a high potential for significant morbidity and mortality. This will be accomplished by:

- Assessing readiness
- Developing pre-event risk communication strategies
- Designing and implementing rapid communication technology
- Enhancing surveillance and epidemiological capacity
- Training Public Health Department staff and community partners
- Augmenting and coordinating existing laboratory capacity
- Coordinating medical and Public Health response and prevention with community partners
- Conducting periodic scenario-driven exercises to continually test, evaluate and enhance response plans, procedures and strategies

This Plan outlines policies and procedures for addressing these issues to ensure that appropriate and coordinated protective actions are implemented in a timely and effective manner should a pandemic influenza outbreak be suspected or confirmed in the county, state, nation or world. This plan will:

- Describe the Public Health Department Pandemic Influenza Response Activation Procedures,
- Describe notification of public health and medical personnel,
- Describe the response chain of events,
- Provide operational procedures/instructions for responding to a suspected or confirmed pandemic influenza outbreak in the county or region.
- Describe coordination activities with local jurisdictions, hospitals, health-care providers, and the medical community,
- Describe coordination with State and Federal departments/agencies,
- Describe communication with local media and the public in addition to guidance provided in Santa Barbara's in-progress Risk Communication Plan
- Provide pandemic influenza-training requirements and plan maintenance instructions

Disaster Mission Statement

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The Santa Barbara County Public Health Department has overall responsibility for protecting the population of the county. The Santa Barbara County Director of Public Health, Health Officer or designee is responsible for managing this response in coordination with the Santa Barbara County Operational Area Emergency Operations Center (Office of Emergency Services), law enforcement, fire agencies, cities, special districts, and State and Federal agencies. The response described in this Plan is in concert with the Santa Barbara County Operational Area Emergency Operations Plan (EOP). Elements of this plan may be activated prior to formal activation of the Operational Area Emergency Operations Center (EOC), when necessary.

Pandemic Influenza Overview

Influenza is a highly contagious viral disease. Pandemics occur because the influenza virus has the ability to change into new types, or strains. People may be immune to some disease strains because they have been infected by very similar or identical strains of influenza virus in the past or because they have recently received influenza vaccine. However, depending on how much the virus has changed, people may have little or no immunity to a new strain. Small changes can result in localized epidemics. However, emergence of a novel and highly contagious strain of the influenza virus may precipitate an influenza pandemic, affecting the world population.

California, with its West Coast location and several major ports of entry for flights and shipping from Asia (a likely location for the development of a novel virus), would likely be among the first U.S. locations for an influenza pandemic to establish a foothold.

Pandemic Influenza Planning Assumptions:

- **Influenza is highly communicable** from person-to-person.
- During early stages, there will be **little or no effective vaccine**, and supplies of antiviral drugs may be inadequate (for both treatment and chemoprophylaxis). Potential for antiviral resistance is significant.
- To induce immunity, individuals **may require two doses of the new vaccine**, administered 30 days apart.
- Specific policies for isolation and quarantine are not adequately defined for pandemic influenza response.
- Most experts believe that identification of a novel influenza strain occurs one to six months before outbreaks begin to occur in the U.S. In contrast to other types of public health emergencies, this lead time allows some pandemic influenza preparedness efforts to be implemented. However, planning efforts should also consider a scenario where there will be no lead warning time.
- Widespread illness throughout the state will increase likelihood of significant **shortages of healthcare workers and other first responders** who provide critical community services.

WHO Response Level Criteria

The World Health Organization (WHO) has defined phases of an influenza pandemic to standardize and assist with planning and response activities. For purposes of consistency,

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comparability and coordination of the national, state and local response, identification and declaration of the following phases will be done at the national level, in conjunction with WHO. The phases of a pandemic are defined in the table below:

Phases of a Pandemic	
<i>Pandemic Stage</i>	<i>Definition</i>
Novel Virus Alert	<ul style="list-style-type: none"> • novel virus detected in one or more humans • little or no immunity in the general population • potential, but not inevitable precursor to a pandemic
Pandemic Alert	<ul style="list-style-type: none"> • novel virus demonstrates sustained person-to-person transmission and causes multiple cases in the same geographic area
Pandemic Imminent	<ul style="list-style-type: none"> • novel virus causing unusually high rates of morbidity and mortality in widespread geographic areas
Pandemic	<ul style="list-style-type: none"> • Further spread with involvement of multiple continents.
“Second Wave”	<ul style="list-style-type: none"> • After the number of cases falls and the pandemic appears to be ending, typically a second wave of cases occurs within several months.
Pandemic over	<ul style="list-style-type: none"> • cessation of successive pandemic “waves”, accompanied by the return (in the U.S.) of the more typical wintertime “epidemic” cycle

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The Disease

Pandemic Influenza and its Likely Impact

Issue	
Mass Vaccination	May lead to a mass vaccination response
Ring Vaccination	May involve a more limited ring vaccination strategy
Contagion	Highly infectious; may spread very rapidly
Mode of Transmission	Highly transmissible via person-person respiratory route
Unusual	May present as an unusual disease
Bioengineering	Could be genetically altered in the laboratory, possible affecting vaccine efficacy, infectiousness, symptoms, incubation period, virulence, environmental hardiness, etc.
Terrorism	May result from an act of bioterrorism
Fear Factor	Once identified and announced in the media, has the potential to create mass hysteria and lead to civil unrest
PH Resources	Will involve heavy impact on PH resources
Health Care System	Will involve heavy impact on the health care system
Hospital Equipment	May require heavy use of limited, costly hospital equipment like respirators
Mass Casualty	May involve mass mortality, creating heavy impact on coroner
Vaccine Prophylaxis	Experts predict new strain will mean vaccine not readily available
Vaccination Risk	Risk should be negligible
Clinical Identification	May be less quickly recognized as new/unusual/pandemic (non-specific)
Natural source	Disease crosses many species; has animal reservoir
Treatment	May be somewhat treatable (if treated early in course)
Cycle of Disease	May have a delayed "Second Wave" (based on historical pandemics)
Fear Factor	May engender little fear, at least initially, due to normal prevalence and perception of mildness of influenza. Fear will depend upon fatality rate
Survival	Lower cases fatality rate and majority of patients who survive should recover fully
Overall Response	Will involve many cases before identified as a pandemic
Vaccination Priority	Priority will be primarily based on risk category. Experts predict major vaccine shortfall for pandemic flu.
Vaccination Frequency	May be needed twice; after 30 days
Bioterrorism	Category "C" Agent
Bioterrorism likelihood	Not likely to be used in bioterrorism

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Public Health Response Overview and Activation

ACTION ITEMS/TAKE-HOME POINTS

- Health Department Director/Health Officer or designee activates the Pandemic Influenza Response Plan AND
 - the DOC if warranted AND
 - requests activation of the Operational Area EOC through County Office of Emergency Services and the County Executive if warranted
- Command and control of this response plan is operated using the State of California Standardized Emergency Management System (SEMS)
- Health Officer or designee is deemed to be the Medical and Health Operational Area Coordinator

Levels of Public Health Response: Federal, State, and Local

The three levels of Public Health response are: Federal, State, and Local. The primary purpose of this Plan is to focus on the local response in a pandemic influenza emergency. The Federal and State response will be briefly discussed to differentiate the roles and responsibilities.

Federal Response

The Federal role in a pandemic influenza emergency includes the following:

- Resource management, specifically pharmaceutical and medical supplies
- Consultation and local support
- Deployment of field teams for diagnostic confirmation and training of local staff
- Development of guidelines for treatment, follow-up, referral, and infection control
- Issuance of national emergency notice

State Response

The State role in a pandemic influenza emergency includes the following:

- Receipt of Federal pharmaceutical medical supplies, including but not limited to the assets of the Strategic National Stockpile, assisting with breakdown and repackaging of these resources, and arranging transport to impacted area or region
- Issuance of statewide alerts
- Management of statewide resources and redeployment as needed
- Laboratory support
- Activation of the State and Regional Emergency Operations Centers (EOCs)
- Activation of the National Guard
- Issuance of emergency orders to maintain civil order
- Providing consultation and resources to local government

Local Response

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Initial response to a pandemic influenza emergency will be local. Local Public Health agencies bear the responsibility for communicable disease control in California.

Specifically, the local role includes:

- Surveillance
- Identify and isolate suspect case to prevent further disease spread
- Laboratory testing and or packaging and shipping and confirmation in conjunction with the Laboratory Response Network
- Source and contact investigation
- Active surveillance
- Monitoring the case, contacts and outbreak
- Ring or mass vaccination if suspect case is confirmed
- Isolation and/or quarantine
- Communication to medical and health-care providers and community partners
- Public education and provision of information
- Organization of treatment facilities/shelters in conjunction with community partners
- Receipt and deployment of pharmaceutical and medical supplies from the Strategic National Stockpile (via the state) or other local, state and federal stockpiles

The robustness and the rapidity of the local response will ultimately determine the course and the duration of the crisis, as well as the character and magnitude of the consequences. The local response is not done in isolation, but in partnership with public and private medical and health care providers and other public safety entities in the framework of a Local/State/Federal Public Health infrastructure. Management of the event will occur utilizing SEMS and incorporates the appropriate sections of the National Response Plan (NRP) operating within the National Incident Management System (NIMS) framework set forth by the United States Department of Homeland Security.

Scope of Operations

This plan addresses Public Health and medical operations activated and implemented by the Santa Barbara County Public Health Department in conjunction with their jurisdictional and community partners. The following Public Health Divisions/Services are included in the response:

- Emergency Medical Services
- Office of the Health Officer
- Communicable Disease Unit
- Public Health Laboratory
- Administration Services: Information Systems, Personnel, and Finance
- Public Information Officer
- Public Health Nursing

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Activation

ACTION ITEMS/TAKE-HOME POINTS

When to activate the Plan: This plan will be activated

- Upon suspicion or confirmation of a cluster of pandemic influenza cases in Santa Barbara County or the state of California,
- In whole or in part upon suspicion or confirmation of a national or international outbreak of pandemic influenza.

Who may activate the Plan:

- Director of Public Health Department or designee
- Health Officer or designee

How to activate the Plan:

- The Public Health Director, the Health Officer or designee will activate the appropriate parts of the Santa Barbara County Public Health Department Disaster Plan in addition to this plan.
- That action will activate the Department Operations Center (DOC).

EOC and DOC Involvement

The Public Health Department response to a disaster or a large disease outbreak will be either through the County Emergency Operations Center (EOC) or the Public Health Departmental Operations Center (DOC).

The operational area EOC may be activated:

1. Upon notification from the Public Health Department that assistance is needed.
2. Upon declaration of a local emergency by the County Office of Emergency Services and the County Executive.
3. Upon declaration of a local emergency by a City government within the County.
4. In response to any local emergency incident that may affect the health and safety of employees or the public.
5. In response to multiple local or regional incidents natural or human-made occurring at the same time and potentially affecting the health and safety of employees or the public.
6. Upon declaration by the Governor of a state of emergency or declaration by the President of a Federal disaster, that may affect Santa Barbara County.

Upon activation of the EOC the Public Health Department response is coordinated from the EOC Medical/Health Branch. When the Health Officer or designee reports to the Operational Area EOC, he/she manages the Medical/Health Branch and assumes the role of the Medical Health Operational Area Coordinator (MHOAC).

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In addition, the Health Officer may direct the activation of the Department Operations Center (DOC) to support the Medical/Health Branch at the Operational Area EOC or to manage an event not requiring full Operational Area EOC activation.

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Preparedness and Pre-Event Actions

ACTION ITEMS/TAKE-HOME POINTS

- Health Officer shall ensure appropriate training and exercising of this plan occurs to maintain a state of readiness
- Health Officer in conjunction with County Counsel shall periodically review and update legal authority and liability
- Engage community partner involvement
- Ensure rapid means of communication are established via:
 - CAHAN, ReddiNet, MedNext, Broadcast fax
 - Other standard communication methods including email, telephone
- Ensure a disease surveillance system is in place to detect and monitor potential adverse health events such as smallpox and pandemic influenza

FBI Threat Monitoring

The Federal Bureau of Investigation and local law enforcement agencies monitor the threat posed by foreign and domestic terrorist organizations. The Office of Homeland Security has established a threat warning system, which is used to notify local officials and the public of the potential for terrorist attacks. Since the terrorist attacks on the World Trade Center and the Pentagon on September 11, 2001, and the anthrax exposure incidents, Public Health and emergency medical personnel must now actively prepare to respond to the targeted exposure of bioterrorism agents.

WHO's Role

The World Health Organization monitors international outbreaks of disease and reports that information to its partner agencies, including the CDC. This communication was evident in the recent international SARS (Severe Acute Respiratory Syndrome) outbreak.

CDC Preparedness

In response to the potential use of biological agents against civilians, the federal government is upgrading plans for preparedness, readiness, and national defenses against bioterrorist weapons. The Centers for Disease Control and Prevention (CDC) has been designated as the lead agency for the national public health response to biological terrorism.

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Legal Authority and Liability

The legal authority and liability for pandemic influenza outbreak response has been researched and is addressed in this Plan's chapter on - Health Officer Authority and Liability. It is recommended that these Legal Codes be reviewed with Santa Barbara County Counsel for mutual awareness as well as legal review and verification.

Training

Components of pandemic influenza training should include:

- General characteristics of the diseases
- Epidemiology
- Clinical presentation
- Ring and mass vaccination strategy
- Infection control procedures
- Decontamination procedures
- First responders and emergency departments
- Case forms for Epidemiological investigation, surveillance and reporting
- Contact follow-up
- Immunization techniques
- Practice training exposure/scenarios
- Vaccination clinic procedures including:
 - Education
 - Patient registration
 - Medical screeners
 - Immunization area
 - Written materials in English and Spanish
- Mental Health issues
- Primary care providers
- Regularly scheduled scenario-driven exercises to evaluate and enhance plans and capabilities

Communication Preparation

Santa Barbara County Public Health Department will need to:

- Develop and maintain a database of all physicians by specialty, pharmacists, and registered nurses licensed to practice in Santa Barbara County.
- Develop and maintain a database of all Santa Barbara County employees, which includes contact information, languages spoken, and professional licensure.
- Develop risk communication messages on pandemic influenza, contraindications and adverse events appropriate for the general public in English and Spanish and other languages as appropriate.
- Develop press release templates addressing pandemic influenza cases and influenza vaccine.
- More fully develop and practice an Emergency Response Communications System to rapidly notify staff, hospitals, clinics and medical providers of events related to pandemic influenza.