PANDEMIC INFLUENZA RESPONSE PLAN

Eastern Highlands Health District

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Based with permission on Seattle, Washington, King's County Plan, Version 8

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I. INTRODUCTION

One of the greatest and most likely threats to the public's health is a naturally occurring event – an influenza pandemic. Influenza epidemics happen nearly every year, and cause an average of 36,000 deaths annually in the United States. Influenza epidemics are caused by a few known virus strains that circulate around the world. Over time, people develop immunities to these strains, and vaccines are developed to protect people from serious illness.

Influenza viruses are found both in humans and animals, especially birds. These viruses experience frequent, slight changes to their genetic structure. Occasionally, however, they undergo a major change in genetic composition. This change can lead to an animal virus being capable of infecting humans or the creation of a "novel" virus and the potential for a pandemic - a global epidemic. The creation of a novel virus means that most, if not all, people in the world will have never been exposed to the new strain and have no immunity to the disease. It also means that new vaccines must be developed and therefore are not likely to be available for months, during which time many people could become infected and seriously ill.

During the 20th century, three pandemics occurred that spread worldwide within a year. The influenza pandemic of 1918 was especially virulent, killing a large number of young, otherwise healthy adults. It is now known that an avian influenza virus that suddenly developed the ability to infect humans and to easily spread from person to person caused this pandemic. The pandemic caused more than 500,000 deaths in the United States and more than 40 million deaths around the world. Subsequent pandemics in 1957-58 and 1968-69 caused far fewer fatalities in the U.S., 70,000 and 34,000 deaths respectively, but caused significant morbidity and mortality around the world. An influenza virus that arose from genetic reassortment between human and avian viruses caused these two pandemics.

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. Scientists and health officials throughout the world believe that it is inevitable that more influenza pandemics will occur in the 21st century. Recent cases of human disease caused by a widespread and growing avian influenza outbreak suggest that a new pandemic could be developing at this time.

There are several characteristics of pandemic influenza that differentiate it from other public health emergencies. First, it has the potential to suddenly cause illness in a very large number of people, quickly overwhelming the health care system throughout the nation. A pandemic outbreak could also jeopardize essential community services by causing high levels of absenteeism in critical positions in every workforce. It is likely that vaccines against the new virus will not be available for six to eight months following the emergence of the virus. Basic services, such as health care, law enforcement, fire, emergency response, communications, transportation, and utilities, could be disrupted during a pandemic. Finally, the

pandemic, unlike many other emergency events, could last for several weeks, if not months.

It is understood that since the nature of a pandemic is to affect many geographic areas simultaneously, local preparedness and self-reliance will be of the utmost importance. The local public health organization, Eastern Highlands Health District, serving as Mass Dispensing Area #40 is comprised of the 10 member towns. They are Andover, Ashford, Bolton, Chaplin, Columbia, Coventry, Mansfield, Scotland, Tolland, and Willington. MDA#40 was created by the Connecticut Department of Public Health as the entity responsible for responding to a public health emergency that requires distribution of mass prophylaxis medications. Eastern Highlands Health District member towns are divided between two emergency management-planning regions, Region 3, (the Capitol Region)which encompasses Bolton, Tolland and Andover, and Region 4, which includes the other seven member towns in Eastern Connecticut. References to CREPC (Capitol Region Emergency Planning Committee) roles affect the Capitol Region towns only.

Summary of Key Pandemic Preparedness and Response Components and Principles Addressed in this Plan

1. Regional disease surveillance programs, coordinated with state and federal efforts, to detect pandemic influenza strains in humans and animals.

i. Global surveillance networks identify circulating influenza strains, including novel strains that have the potential for causing pandemic outbreaks among domestic animals and persons in several countries.

ii. A heightened local surveillance system, coupled with state, national and international surveillance efforts and laboratory testing, serves as an early warning system for potential pandemics and a critical component of pandemic response plans.

iii. Local surveillance tools utilized during a pandemic outbreak provide essential information regarding the severity of disease, characteristics of the affected population, and impacts on the health care system.

2. Mass vaccination plans and protocols to rapidly administer vaccine and monitor vaccine effectiveness and safety.

i. When a pandemic virus first emerges vaccine will not be available for six months or more.

ii. Demand for vaccine will overwhelmingly exceed supply during the pandemic. Therefore, priority groups must be established by DPH, based on national recommendations from the Department of Health and Human Services (HHS), to provide guidance regarding the order in which individuals

in Eastern Highlands Health District will be vaccinated when supplies become available. During a pandemic, however, EHHD will consider national and state guidelines as well as DPH and local epidemiological data to adjust and finalize priority groups as necessary.

iii. As vaccine supplies increase, EHHD must coordinate with regional partners to vaccinate the entire region's population.

3. Guidelines for the utilization of antiviral medications by medical staff for treatment and prevention of influenza.

i. The objective of antiviral prophylaxis is to prevent influenza illness. Prophylaxis of individuals would need to continue throughout the period of exposure, possibly weeks to months. The objective of treatment is to decrease the severity of illness for individuals already infected. For optimal impact, treatment needs to be started as soon as possible and within 48 hours of the onset of illness. Guidelines directing the use of antiviral medications must align with the overall pandemic response goals established in this plan.

ii. The available supply of influenza antiviral medications is extremely limited and production cannot be rapidly expanded.

iii. Educating physicians, nurses, and other health care workers before and during the pandemic will be important to promote effective use of antiviral medications.

iv. Local recommendations for prioritizing the use of antiviral medicines will be based on federal guidelines from the Centers for Disease Control, DPH, and other authoritative groups.

4. Capability to implement non-medical measures to decrease the spread of disease throughout Eastern Highlands Health District as guided by the epidemiology of the pandemic.

i. Emphasizing infection control measures in hospitals and long-term care facilities can limit the spread of influenza among high-risk populations and health care workers.

ii. Voluntary isolation of ill persons is an infection control measure that will be implemented, as needed, throughout all stages of a pandemic.

iii. Due to the fact that influenza is highly infectious and can be transmitted by people who appear to be well, quarantine of exposed individuals is likely to be a viable strategy only during the initial stages of a pandemic.

iv. Social distancing measures such as limiting public gatherings, closing schools, religious centers, libraries, and recreational facilities, and restricting the use of public transportation systems may slow the spread of a

pandemic. Decisions makers must consider the scope of their legal authorities, social and economic impacts, anticipated effectiveness and current epidemiology of the pandemic before implementing these measures.

5. Local pandemic preparedness planning aimed at maintaining the provision of health care services, sustaining essential community services, and limiting the spread of disease throughout the duration of a pandemic involving local health care system partners, response agencies, elected leaders, the business community, and community based organizations.

An influenza pandemic will place a substantial burden on inpatient and outpatient health care services. Demands for medical supplies, equipment, and hospital beds may exceed available resources for several weeks.

i. Strategies to increase hospital bed availability during a pandemic include deferring elective procedures, more stringent triage for admission, earlier discharge with follow-up by home health care personnel, and establishing alternate care facilities in non-traditional sites.

ii. As demands for health care resources and services increase sharply, illness and absenteeism among health care workers will further strain the ability to provide quality care.

iii. Absenteeism during a pandemic among critical infrastructure agencies, first response agencies, businesses, and community-based organizations must be accounted for in continuity of operations and business continuity plans.

6. Communication with and education of the public, health care providers, community leaders, and the media about the consequences of influenza pandemic and what each person can do to prepare.

i. Influencing public behavior toward basic infection control measures (hand washing, using alcohol hand gel, respiratory etiquette, staying home when sick) will be a key factor in limiting the spread of influenza during a pandemic.

ii. Communicating clear, concise, and accurate information about influenza, the course of the pandemic, and response activities will increase awareness, limit public panic and speculation, and sustain confidence in the public health system.

II. PURPOSE OF THE PLAN

The Pandemic Influenza Response Plan for Eastern Highlands Health District (Plan) provides guidance and structure to the Eastern Highlands Health District and regional partners regarding detection, response, and recovery from an influenza pandemic. The Plan describes the challenges posed by a pandemic that may necessitate specific leadership decisions, response actions, and communications mechanisms. Specifically, the purpose of the plan is to:

- Define preparedness activities that should be undertaken before a pandemic occurs that will enhance the effectiveness of response measures.
- Describe the response, coordination and decision-making structure that will incorporate EHHD, the health care system in Eastern Highlands Health District, local response agencies, and state and federal agencies during a pandemic.
- Define roles and responsibilities for EHHD, local health care partners, and local response agencies during all phases of a pandemic.
- Describe interventions that should be implemented, and the timing of such interventions, as components of an effective influenza pandemic response.
- Serve as a guide for local health system partners, response agencies, and businesses in the development of pandemic influenza response plans.
- Provide technical information on which preparedness and response actions are based.

During an influenza pandemic, Eastern Highlands Health District and regional partners will utilize the plan to achieve the following goals:

Limit the number of illnesses and deaths

→ Preserve continuity of essential government functions

→ Minimize social disruption

→ Minimize economic losses

The plan will be coordinated with other regional preparedness plans and activities, and will be coordinated with the plans of community, state, and federal partners.

III. SCOPE OF THE PLAN

The Plan is an attachment to the Emergency Support Function 8 Annex (Health and Medical Services) of the Regional Disaster Plan and to the respective town Emergency Operations Plans' Health and Medical Annexes. The Emergency Support Function 8 Annex and its attachments are referenced in the Plan as they provide a broad description of the responsibilities, authorities, and actions associated with public health emergencies.

The Plan primarily focuses on the roles, responsibilities, and activities of the Eastern Highlands Health District. However, specific responsibilities for key response partners are included to highlight points of coordination between agencies during a pandemic. It is expected that health care providers, essential service providers, local government officials, and business leaders will develop and incorporate procedures and protocols addressing influenza preparedness and response activities into their own emergency response plans.

This plan currently does not address measures that would be taken to contain an outbreak of the avian influenza virus in birds or other animal populations occurring in Eastern Highlands Health District. Federal and state departments of agriculture are primarily responsible for surveillance and control of influenza outbreaks in domestic animals, although agricultural control measures interface with public health actions to prevent transmission into the human population. Eastern Highlands Health District will monitor development of plans that will identify the roles and responsibilities of local, state, and federal agencies in response to an avian influenza threat to Eastern Highlands Health District.

IV. PLANNING ASSUMPTIONS

1. An influenza pandemic will result in the rapid spread of the infection with outbreaks throughout the world. Communities across the state and the country may be impacted simultaneously.

2. There will be a need for heightened global and local surveillance.

3. An avian influenza strain may arrive in Eastern Highlands Health District before the onset of a pandemic, significantly affecting domestic poultry, wild and exotic birds, and other species.

4. Eastern Highlands Health District will not be able to rely on mutual aid resources, State, or Federal assistance to support local response efforts.

5. Antiviral medications will be in extremely short supply. Local supplies of antiviral medications may be prioritized.

6. A vaccine for the pandemic influenza strain will likely not be available for 6 to 8 months following the emergence of a novel virus.

    a. As vaccine becomes available, it will be administered first to pre-defined groups, prioritized by EHHD, and ultimately to the entire region population.

    b. Insufficient supplies of vaccines and antiviral medicines will place greater emphasis on social distancing strategies and public education to control the spread of the disease in the region.

7. The number of ill people requiring outpatient medical care and hospitalization could overwhelm the local health care system.

    a. Hospitals and clinics will have to modify their operational structure to respond to high patient volumes and maintain functionality of critical systems.

    b. The health care system may have to respond to increased demands for service while the medical workforce experiences 25-35% absenteeism due to illness.

    c. Demand for inpatient beds and assisted ventilators could increase by 25%, and patients may need to be prioritized for services.

    d. There will be tremendous demand for urgent care services.

    e. Hospital infection control measures specific to management of influenza patients will need to be developed and implemented.

f. The health system may need to develop alternative care facilities to relieve demand on hospital emergency rooms.

g. Emergency Medical Service responders will face extremely high call volumes for several weeks, and may face 25% - 35% reduction in available staff.

h. The number of fatalities experienced during the first few weeks of a pandemic could overwhelm the resources of the Medical Examiner's Office, hospital morgues, and funeral homes.

i. The demand for home care and social services will increase dramatically.

8. There could be significant disruption of public and privately owned critical infrastructure including transportation, commerce, utilities, public safety, agriculture, and communications.

9. Social distancing strategies aimed at reducing the spread of infection such as closing schools, community centers, and other public gather points and canceling public events may be implemented during a pandemic.

10. Some populations will be unable or unwilling to comply with isolation directives, and for whom social distancing strategies may be less feasible (for example, homeless populations who live in congregate settings). It will be important to develop and disseminate strategies for infection control appropriate for these environments and populations.

11. It will be important to coordinate disease control strategies throughout the State due to the regional mobility of the population.

12. The general public, health care partners, response agencies, and elected leaders will need continuous updates on the status of the pandemic outbreak, impacts on critical services, the steps EHHD is taking to address the incident, and steps response partners and the public can take to protect themselves.

V. AUTHORITIES

In Connecticut, various public officials have overlapping authorities with regard to protecting public health and safety. The Governor, the State Commissioner of Public Health, Chief Elected Official, and the District Health Director each can implement authorities within the scope of their jurisdiction aimed at protecting public health, including increasing social distancing by closing public or private facilities. During a pandemic, the presence of overlapping authorities will necessitate close communication and coordination between elected leaders and the District Health Director to ensure decisions and response actions are clear and consistent.

Legal Authority: Authority for public health emergency response is contained in Title 28, Chapter 517 of the Connecticut General Statutes, as amended, and local Executive Orders, Charter Provisions and Ordinances and Chapter 19a of the General Statutes pertaining to the detection, prevention, and treatment of unnecessary illness. Authority for isolation and quarantine is also contained in Public Act 03-236, an Act concerning Public Health Emergency Response Authority (PHERA).

Local law enforcement

Local law enforcement officials have the authority to enforce the orders issued by the District Health Director within the jurisdiction of the health department. Local health officials and law enforcement officials shall enforce all rules that are adopted by the Department of Public Health.

VI. PHASES OF A PANDEMIC

The World Health Organization (WHO) has developed a global influenza preparedness plan that includes a classification system for guiding planning and response activities for an influenza pandemic. This classification system is comprised of six phases of increasing public health risk associated with the emergence and spread of a new influenza virus subtype that may lead to a pandemic. The Director General of WHO formally declares the current global pandemic phase and adjusts the phase level to correspond with pandemic conditions around the world. For each phase, the global influenza preparedness plan identifies response measures WHO will take, and recommends actions that countries around the world should implement.

Pandemic Phases	Public Health Goals
Interpandemic Period	
Phase 1 – No new influenza virus subtypes detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered low.	Strengthen influenza pandemic preparedness at all levels. Closely monitor human and animal surveillance data.
Phase 2 – No new influenza virus subtypes detected in humans. However, a circulating animal influenza virus subtype poses substantial risk of human disease.	Minimize the risk of transmission of animal influenza virus to humans; detect and report such transmission rapidly if it occurs.

Pandemic Alert Period ***Phase 3*** – Human infection(s) are occurring with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact. ***Phase 4*** – Small cluster(s) of human infection with limited human-to-human transmission but spread is highly localized suggesting that the virus is not well adapted to humans. ***Phase 5*** – Larger cluster(s) of human infection but human-to-human spread is localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).	Ensure rapid characterization of the new virus subtype and early detection, notification and response to additional cases. Contain the new virus within limited foci or delay spread to gain time to implement preparedness measures, including vaccine development. Maximize efforts to contain or delay spread to possibly avert a pandemic, and to gain time to implement response measures.
Pandemic Period ***Phase 6*** – Pandemic is declared. Increased and sustained transmission in the general population.	Implement response measures including social distancing to minimize pandemic impacts

In accordance with the Department of Health and Human Services Pandemic Influenza Strategic Plan, HHS will determine and communicate the pandemic phase level for the U.S. based on the global pandemic phase and the extent of disease spread throughout the country.

The Eastern Highlands Health District Pandemic Influenza Response Plan corresponds to the WHO pandemic phases. Each phase within the Plan is subdivided into two components, “affected” and “not affected” depending upon whether human infection is occurring within the local region. Appropriate preparedness and response measures are identified for each phase, with implementation based in part on whether Eastern Highlands Health District is affected. (See Section VIII. Concept of Operations.)

VII. RESPONSIBILITIES

CREPC and/or Region 4 ESF #8 will:

1. Facilitate regional pandemic planning and preparedness efforts.

2. Coordinate the community's emergency public health response through Emergency Support Function 8 (Health and Medical Services), and the regional disaster response plans.

3. Educate the public, health care system partners, response partners, businesses, community based organizations and elected leaders about influenza pandemics, expected impacts and consequences, and preventive measures.

4. Work with DPH to conduct region-wide surveillance to track the spread of the human disease and its impact on the community.

5. Identify diseases of public health significance, and communicate such findings to health system partners.

6. Coordinate planning for and implementation of disease containment strategies and authorities.

7. Support the health care system's planning and response efforts for medical surge capacity including mass casualty and mass fatality incidents.

8. Provide effective communications to the public, the media, elected officials, health care providers, business, and community leaders throughout public health emergencies.

Department of Public Health (DPH)

1. Coordinate statewide pandemic planning and preparedness efforts.

2. Coordinate statewide surveillance activities.

3. Operate biosafety level 3 laboratory facility for influenza identification, isolation and isolate typing.

4. Coordinate pandemic information with CDC and other states.

5. Coordinate development and implementation of disease containment strategies across multiple regions within the state.

6. Request antiviral medicines and vaccines from the Strategic National Stockpile and distribute to local health districts and departments.

7. Educate and inform the public on the course of the pandemic and preventive measures.

8. Provide information and technical support on surveillance, epidemiology and clinical issues, including case identification, diagnosis, management, and infection control to health care providers and facilities

Department of Health and Human Services (HHS)

1. Provide overall guidance on pandemic influenza planning within the United States.

2. Coordinate the national response to an influenza pandemic.

3. Provide guidance and tools to promote pandemic preparedness planning and coordination for States and local jurisdictions.

4. Provide guidance to state and local health departments regarding prioritization of limited supplies of antiviral medications and vaccines.

5. Determine and communicate the pandemic phase for the U.S. based on the global pandemic phase (established by WHO) and the extent of disease spread throughout the country.

Centers for Disease Control and Prevention (CDC)

1. Conduct national and international disease surveillance.

2. Serve as a liaison to the WHO.

3. Develop reference strains for vaccines and conduct research to understand transmission and pathogenicity of viruses with pandemic potential.

4. Develop, evaluate, and modify disease control and prevention strategies.

5. Support vaccination programs; monitor vaccine safety.

6. Investigate pandemic outbreaks; define the epidemiology of the disease.

7. Monitor the nation-wide impact of a pandemic.

8. Coordinate the stockpiling of antiviral drugs and other essential materials within the Strategic National Stockpile.

9. Coordinate the implementation of international – U.S. travel restrictions.

World Health Organization

1. Monitor global pandemic conditions and provide information updates.

2. Facilitate enhanced global pandemic preparedness, surveillance, vaccine development, and health response.

3. Declare global pandemic phase and adjust phases based on current outbreak conditions.

Specific Responsibilities of EHHD (Eastern Highlands Health District)

District Health Director

- Communicate and coordinate directly with the chief elected officials and town managers and local community stakeholders
- Coordinate directly with health care community partners and consult on decisions regarding strategies for reallocating resources and restructuring regional health system operations in response to a pandemic.
- Authorize and communicate public health directives regarding social distancing strategies and other protective actions to elected leaders, the business community, schools, the health care community, and other partners.
- Assign responsibilities to EHHD staff for planning and responding to the pandemic.
- Ensure continuity of operations for critical EHHD functions during all phases of the pandemic.
- Direct isolation and quarantine of individuals and groups, as needed, based on recommendations from the DPH

Public Information Director (PIO)

- Provide accurate, timely information to the public regarding preparations for a pandemic, the impacts of the outbreak and local response actions.
- Educate the public on how they can protect themselves from becoming infected and infecting others.
- Track activation of public information call centers focused on providing health information to the public and publicize their availability
- Conduct training, drills, and evaluated exercises to enhance EHHD 's readiness to respond to a pandemic.
- Coordinate planning and response activities with hospitals and community health clinics.
- Coordinate activation and management of the EHHD resources with Emergency Operations Center and ICS structure

- Assess the potential social and economic impacts of social distancing measures, and the extent to which implementation of such measures is feasible.

- Coordinate business continuity efforts specific to the potential impacts of a pandemic.

Coordinate regional pandemic planning, education, and outreach efforts with:

  - School systems

  - Business community

  - Community-based organizations

Environmental Health Services

- Work with the EHHD PIO to develop and disseminate risk communications messages to the public concerning zoonotic influenza virus transmission, food safety, and animal waste disposal issues.

General

- Participate in planning activities focused on development of influenza diagnosis and treatment clinics.

- Lead and coordinate all mass vaccination response activities.

- Coordinate pandemic planning and preparedness efforts for EHHD in conjunction with local, state, and federal response partners.

- Identify mission critical functions that must be maintained during all hazards including a pandemic.

- Identify staff who can be cross trained to perform emergency response functions

- Identify functions that could be temporarily discontinued or performed via telecommuting for several weeks.

- Be prepared to mobilize all necessary staff to support the EHHD pandemic influenza response, as directed by the Director of Health

VIII. CONCEPT OF OPERATIONS

A. Direction and Control

1. The public health response will be managed according to the guidance and protocols included in this Plan, the State's Pandemic Influenza Response Plan, and the ESF 8 annexes of the Regional Disaster Plans, as developed.

2. Eastern Highlands Health District and all response partners will operate under the Incident Command System, as appropriate, throughout the duration of the pandemic response.

3. Eastern Highlands Health District may activate an Emergency Operations Center to coordinate the district-wide public health and medical response during a pandemic.

4. During Pandemic Phases 1, 2 and 3 where Eastern Highlands Health District is not directly affected, EHHD will engage in health system preparedness efforts and regional education efforts for pandemic response.

5. During Pandemic Phases 4, 5 and 6 EHHD will communicate with health system partners through the health care community to coordinate and manage health care system resources and information.

6. EHHD will assess the viability of social distancing measures and establish criteria for their implementation.

7. Upon reaching Pandemic Phase 4 (global) EHHD will:

   a. Assess whether to activate the Pandemic Influenza Response Plan and will work with ESF 8 to coordinate the health system response.

   b. Provide regular briefings to the Eastern Highlands Health District elected officials, and regional response partners. Briefings will address the nature of the disease, its communicability and virulence, availability of vaccines and antivirals, actions that are being taken to minimize the impact, actions that response partners should implement to protect critical functions, and health information being shared with the public and health care providers.

B. Communications

1. Risk communications messaging and public education regarding pandemic influenza will be coordinated with EHHD to ensure consistency of communications and education messaging regarding pandemic influenza.

2. Communications with the public and health care providers will be one of the most critical strategies for containing the spread of the influenza and for managing the utilization of health care services. This plan's communications goals are to:

    a. Provide accurate, consistent, and comprehensive information about pandemic influenza including case definitions, treatment options, infection control measures, and reporting requirements.

    b. Instill and maintain public confidence in the region's public health and health care systems and their ability to respond to and manage an influenza pandemic.

    c. Ensure an efficient mechanism for managing information between EHHD, health system partners, and response agencies.

    d. Contribute to maintaining order, minimizing public panic and fear, and facilitating public compliance by providing accurate, rapid, and complete information.

    e. Address rumors, inaccuracies, and misperceptions as quickly as possible, and prevent the stigmatization of affected groups.

3. Communications During Pandemic Phases 1, 2, 3

    a. The EHHD PIO along with the health director, using guidance from DPH, will:

        i. Assess the information needs of health care providers.

        ii. Assess the information needs of the general public.

        iii. Identify any logistical constraints to effective communications, such as communications staffing and equipment needs, and public information call center staffing and capacity.

        iv. Intensify public education efforts about influenza pandemics, animal influenza, and steps that can be taken to reduce exposure to infection. Information may be disseminated via web site postings, newspaper editorials, flyers and billboards, television and radio broadcasts.

        v. Coordinate with the State DPH, and health departments in adjacent jurisdictions to develop common health messages and education materials.

4. Communications During Phases 4, 5, 6

   a. EHHD Public Information Director (PIO) will participate in a state or regional Joint Information Center (JIC) in conjunction with health system and response partners as appropriate.

   b. The EHHD PIO will evaluate the need to establish public information channels to respond to public inquiries.

   c. The EHHD PIO will develop a communications strategy including identifying appropriate community partners for reaching and educating diverse communities such as limited English-speaking residents.

   d. The EHHD PIO will work with the health care community to develop, modify and release public information messages related to the utilization of the health care system and other resources (triage centers, call centers, etc).

   e. The District Health Director will engage in regular communications with hospital emergency rooms, infection control practitioners, infectious disease specialists, and community providers and will also regularly communicate with infectious disease control specialists at the CDC, the State Department of Health, and regional jurisdictions.

   f. The District Health Director will conduct regular briefings with key response partners to inform EOC staff, business leaders, community-based organizations, first response agencies and critical infrastructure agencies on the status of the pandemic and local response actions.

   g. As the pandemic expands, the EHHD PIO will provide regular updates on the pandemic and will organize media briefings.

   h. The EHHD PIO will keep the public informed about steps that should be taken to protect against infection, treatment options for individuals who are infected, the status of the spread of the outbreak in the community, and the disease control and containment strategies that are being implemented.

C. Mitigation

Mitigation activities are taken in advance of an influenza pandemic to prevent or temper its impact. Mitigation efforts should occur primarily during pandemic phases 1-3.

EHHD 's pre-event mitigation activities include:

1. Planning, exercising, evaluating and revising the Pandemic Influenza Response Plan.

2. Training and equipping EHHD staff to assure competencies and capacities needed to respond to a pandemic outbreak.

3. Developing strategic partnerships with local community health care institutions and providers, and local, state, and federal response agencies and their staff.

4. Educating response partners, the media, and public about the consequences of influenza pandemics and recommended preparedness measures.

5. Informing and updating local elected officials about the potential impacts of an influenza pandemic on essential services and infrastructure in Eastern Highlands Health District.

6. Assessing local stockpiles necessary materiel that will be needed to respond to influenza pandemic.

D. Surveillance

1. Influenza is a mandated laboratory reportable disease in Connecticut under Sects. 19a-36-A1 through 19a-36-A24 of the State Health Code.

2. Surveillance During Pandemic Phases 1, 2, 3

    a. The DPH Epidemiology Program will maintain influenza tracking activities [reports regarding school absenteeism, pneumonia and influenza deaths submitted by Vital Statistics, nursing home reports, homeless shelter reports and sentinel providers].

    b. EHHD will develop partnerships with key employers to track absenteeism in the event of a flu pandemic [City and region government, large employers].

3. Surveillance During Pandemic Phases 4, 5, 6

    a. EHHD will encourage health care providers and institutions to report influenza and to send specimens from these cases to the DPH Laboratory for testing, in compliance with reportable disease requirements.

    b. The DPH Epidemiology Program will facilitate monitoring of the influenza pandemic strain for antiviral resistance, as appropriate.

    c. The DPH Epidemiology Program and EHHD may activate tracking of absenteeism with key employers, where feasible.

E. Public Education

1. Public education through all phases of a pandemic may involve any or all of the following elements:

    a. Dissemination of printed and web-based information in multiple languages.

    b. Active outreach to traditionally underserved populations, in cooperation with community organizations.

    c. Frequent use of radio, television, and print media.

    d. Coordination with other health care providers and caregivers to ensure consistent messaging.

    e. Implementation of a public information call center.

1. Government agencies, businesses, schools, health care system partners, community-based organizations and other agencies within Eastern Highlands Health District will promote and disseminate pandemic influenza educational messages to their staff.

2. EHHD will lead efforts to strengthen support, outreach, and training for vulnerable populations in Eastern Highlands Health District. Specific actions will include:

    a. Conduct needs assessments identifying types of resources and information vulnerable populations need during emergencies.

    b. Provide training and job aids for cultural leaders and medical interpreters to serve as information conduits to vulnerable populations during emergencies.

    c. Collaborate with cultural leaders and medical interpreters across the region to build sustainable preparedness capabilities within communities.

F. Vaccine and Antiviral Medications

Refer to district mass dispensing plan and to State of CT Pandemic Influenza Plan for details.

G. Isolation and Quarantine

See Isolation and Quarantine Annex from the Connecticut Mitigation Plan for Pandemic Influenza, submitted as Appendix 3 to the CDC.

H. Social Distancing Strategies

Social distancing strategies are non-medical measures intended to reduce the spread of disease from person-to-person by discouraging or preventing people from coming in close contact with each other. These strategies could include closing public and private schools; minimizing social interactions at colleges, universities and libraries; closing nonessential government functions; implementing emergency staffing plans for the public and private sector including increasing telecommuting, flex scheduling and other options; and closing public gathering places including stadiums, theaters, religious meetings, community centers and other facilities.

1. Assumptions

    a. The effectiveness of social distancing strategies is not known with certainty, nor is the degree of public compliance with measures that is necessary for success.

    b. Implementation of social distancing strategies in Eastern Highlands Health District may create social disruption and significant, long-term economic impacts. It is unknown how the public will respond to these measures.

    c. It is assumed that social distancing strategies must be applied on a region-wide or statewide basis in order to maximize effectiveness.

    d. The District Health Director will consult with the appropriate subject matter experts throughout all phases of a pandemic regarding the epidemiology and impact of the pandemic in and around Eastern Highlands Health District.

    e. The District Health Director will review social distancing strategies and current epidemiological data during each phase and coordinate with town leaders regarding social distancing actions that should be implemented to limit the spread of the disease.

    f. Decisions regarding the implementation of social distancing measures including suspending large public gatherings and closing stadiums, theaters, religious meetings, community centers, and other facilities where large numbers of people gather will be made jointly and concurrently by the District Health Director and town leaders.

    g. Recommendations regarding the closing of public and private schools, and the University will be made by the District Health Director in consultation with local school superintendents, university officials, and elected officials.

2. Social Distancing Strategies During Phases 1, 2, 3

    h. EHHD will educate elected officials, government leaders, school officials, response partners, businesses, the media and the public

regarding the consequences of pandemics, the use of social distancing strategies, the associated impacts they cause and the process for implementing these measures.

i. The District Health Director will confirm the decision-making process and criteria for recommending social distancing strategies with municipal officials.

3. Social Distancing Strategies During Phases 4, 5, 6

   a. The District Health Director will coordinate with elected officials regarding decision-making and implementation of social distancing strategies that are commensurate with the severity of illness and societal impact of the pandemic.

   b. Specific, region-wide strategies that may be identified by the District Health Director include:

      i. Encourage government agencies and the private sector to implement pandemic emergency staffing plans to maintain critical business functions while maximizing the use of telecommuting, flex schedules, and alternate work site options.

      ii. Advise Eastern Highlands Health District residents to defer non-essential travel to areas of the world affected by pandemic influenza outbreaks.

      iii. Suspend all public events where large numbers of people congregate including sporting events, concerts, and parades.

      iv. Close all religious meetings, theaters, community centers, and other places where large groups gather.

      v. Close all public and private schools, and the University.

      vi. Suspend all government functions not dedicated to addressing the impacts of the pandemic or maintaining critical continuity functions.

   c. The District Health Director will monitor the effectiveness of social distancing strategies in controlling the spread of disease and will advise appropriate decision-makers when social distancing strategies should be relaxed or ended.

IX. HEALTH AND MEDICAL RESPONSE

A. Health Care System Response

1. An influenza pandemic is expected to significantly increase the demand for health care services at a time when the availability of health care workers will be reduced due to illness. This imbalance between supply and demand is likely to overwhelm current health care system capabilities and necessitate implementation of alternate strategies to manage health system resources.

2. During a pandemic affecting EHHD, all possible efforts will be employed to maintain the functionality and resiliency of the health care system while providing care to patients in need. In order to accomplish this, health care system partners may need to:

    a. Limit the provision of health care services to patients with urgent, health problems requiring immediate hospitalization;

    b. Take steps to increase hospital bed capacity to care for extreme numbers of influenza patients;

    c. Mobilize and deploy staff between medical institutions to address critical shortfalls.

3. During a pandemic, alternate care facilities may be identified and activated to serve as medical surge capacity to hospitals.

    a. These facilities could add to the existing bed capacity in the region and provide supportive care to influenza patients, serve as step-down care for non-infectious hospital patients, or could serve as triage facilities to relieve the burden on hospital emergency departments.

    b. Locating, staffing, and supplying these sites will be accomplished through a coordinated effort between Eastern Highlands Health District, local hospitals, health care community members, and local emergency managers.

4. Emergency Medical and Health Care System Response During Phases 1, 2, 3

    a. Eastern Highlands Health District will educate providers about influenza pandemics and involve them in planning for the community's response

    b. Eastern Highlands Health District will incorporate existing groups into pandemic planning efforts through the health care community.

c. Hospitals and health care organizations will develop response plans for pandemic influenza addressing medical surge capacity, triage, infection control within their facilities, and staffing issues.

d. Eastern Highlands Health District will provide technical assistance to health system partners regarding the CREPC area Metropolitan Medical Reserve Service and other strategies to expand staffing resources, although these can be expected to be very limited.

e. Eastern Highlands Health District will provide regular briefings to health care community members regarding the status of a novel virus and its potential for causing a pandemic.

5. Emergency Medical and Health Care System Response During Phases 4, 5, 6

a. Eastern Highlands Health District will work with the health care community to monitor pandemic status and heighten preparedness activities.

g. The Commissioner of Public Health may implement protocols for health care providers regarding the use of antiviral medications and influenza vaccine.

h. CREPC through MMRS will coordinate acquisition of additional medical supplies and equipment in support of medical facilities throughout the Region 3. Resources from the Strategic National Stockpile will be requested, as needed, by DPH.

B. Public Health Services

1. The District Health Director will assess the need to reprioritize Department functions and will direct the mobilization of staff to meet emerging needs of the pandemic.

2. Public Health Services During Phases 1, 2, 3

a. The Eastern Highlands Health District will:

i. Participate in business continuity planning to identify mission critical systems and positions that must remain operational during a pandemic.

ii. Participate in ongoing planning efforts to assess skills needed during public health emergencies and identify staff training needs to fill critical positions.

b. The Director of Health will determine functions within the department that will remain operational during a pandemic and specify the minimum level of resources needed to remain operational.

3. Public Health Services During Phases 4, 5, 6

a. The District Health Director will determine the need to suspend normal department operations in order to reassign staff to critical duties. The timing of this decision will be coordinated with similar actions taken by other health care system partners.

b. Critical functions activated within EHHD may include:

i. Supporting a patient call center that provides triage and medical advice services over the telephone.

ii. Activating mass vaccination clinics to vaccinate priority groups or the general public, depending on availability of vaccine.

X. MAINTENANCE OF ESSENTIAL SERVICES

1. One of the critical needs during flu pandemic will be to maintain essential community services.

    a. With the possibility that 25-35% of the workforce could be absent due to illness, it may be difficult to maintain adequate staffing for certain critical functions.

    b. There is the possibility that services could be disrupted if significant numbers of public health, law enforcement, fire and emergency response, medical care, transportation, communications, and public utility personnel are unable to carry out critical functions due to illness.

2. Government agencies and private businesses, particularly those that provide essential services to the public, must develop and maintain continuity of operations plans and protocols that address the unique consequences of a pandemic.

3. Local emergency management agencies in Eastern Highlands Health District will support continuity of government planning and preparedness within their jurisdictions.

4. Local emergency management agencies in Eastern Highlands Health District will support logistical and non-medical infrastructure planning with local healthcare facilities.

5. EHHD will develop continuity of operations plans that address, at a minimum:

    a. Line of Succession for the agency.

    b. Identification of mission essential services and priorities.

    c. Procedures for the reassignment of employees to support public health functions essential during a public health emergency.

    d. Redundancy of mission critical communication and information systems.

    e. Physical relocation of critical EHHD functions including the Department Emergency Operations Center.

6. Maintenance of Essential Services During Phases 1, 2, 3

a. Develop plans for maintaining essential departmental services during a pandemic.

b. Continue to educate government agencies, non-profit organizations and businesses that provide essential community services about the need for continuity planning in advance of a pandemic.

7. Maintenance of Essential Services During Phases 4, 5, 6

a. EHHD will update its essential services plans and will request that its community partners update their plans.

b. The District Health Director will determine the appropriate time to implement the Department's continuity of operations plans and protocols and will advise community partners to implement their plans as needed.

XI. ETHICAL FRAMEWORK

See State of Connecticut Pandemic Influenza Plan, Section I C

XII. PLAN DEVELOPMENT AND MAINTENANCE

Refer to the Public Health Emergency Preparedness Plan for Eastern Highlands Health District, Section IVA.

Also see the State of Connecticut Pandemic Influenza Plan, Section VII.

XIII. RECOVERY

1. Recovery from influenza pandemic will begin when it is determined that normal supplies, resources, and response systems can manage ongoing activities.

2. In consultation with the health care community and local elected leaders, the District Health Director will recommend specific actions to be taken to return the health system and government functions to pre-event status.

3. Eastern Highlands Health District will assess the impact of the pandemic on the community's health as measured by morbidity and mortality and report findings to all response partners.

4. Eastern Highlands Health District staff will support partners in Eastern Highlands Health District towns and the health care and business communities in assessing the economic impact of the pandemic.

5. The Public Health Emergency Response Coordinator will conduct an after-action evaluation of the pandemic response. The evaluation will include recommendations for amendments to the Pandemic Influenza Response Plan.

APPENDIX A

Eastern Highlands Health District Priority Groups For Influenza Vaccination During a Pandemic

From Oct. 2007 Centers for Disease Control

Draft Guidance on Allocating and Targeting Pandemic Influenza Vaccine

Vaccination target groups, estimated populations, and tiers for severe, moderate and less severe pandemics as defined by the Pandemic Severity Index (PSI).

Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Not targeted

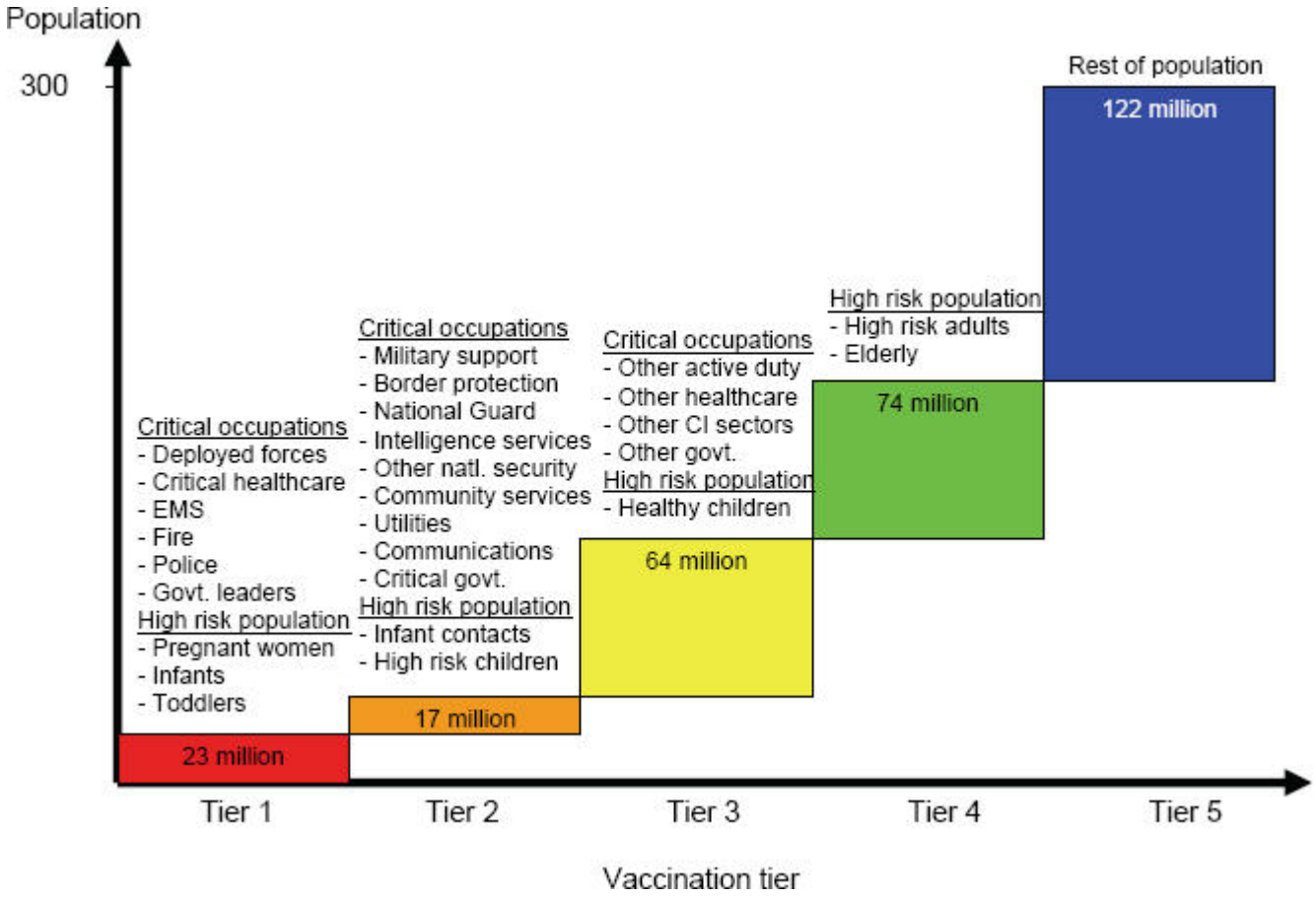
Category	Target group	Estimated number	Severe	Moderate	Less severe
Homeland and national security	Deployed and mission critical pers.	700,000	Tier 1	Tier 1	Tier 1
	Essential support & sustainment pers.	650,000	Tier 2	Tier 2	Tier 2
	Intelligence services	150,000			
	Border protection personnel	100,000			
	National Guard personnel	500,000			
	Other domestic national security pers.	50,000			
	Other active duty & essential suppt.	1,500,000	Tier 3	Tier 3	

Health care and community support services	Public health personnel Inpatient health care providers Outpatient and home health providers Health care providers in LTCFs	300,000 3,200,000 2,000,000 800,000	Tier 1	Tier 1	Tier 1
	Community suppt. & emergency mgt.	600,000	Tier 2	Tier 2	
	Other important health care personnel	500,000	Tier 3	Tier 3	
Critical infrastructure	Emergency Medical Service personnel Law enforcement personnel Fire services personnel Mfrs of pandemic vaccine & antivirals Key government leaders	2,000,000 50,000 50,000	Tier 1	Tier 1	Tier 1
	Electricity sector personnel Natural gas personnel Communications personnel Water sector personnel Critical government personnel	1,900,000 to 4,400,000	Tier 2	Tier 2	

	Transportation sector personnel Food and agriculture sector personnel Banking and finance personnel Pharmaceutical sector personnel Chemical sector personnel Oil sector personnel Postal and shipping personnel Other important government personnel	1,400,000 to 3,500,000	Tier 3		
General population	Pregnant women Infants & toddlers 6–35 mo old	3,100,000 10,300,000	Tier 1	Tier 1	Tier 1
	Household contacts of infants < 6 mo Children 3–18 yrs with high risk cond.	4,300,000 6,500,000	Tier 2	Tier 2	Tier 2
	Children 3–18 yrs without high risk	58,500,000	Tier 3	Tier 2	
	Persons 19–64 with high risk cond.	36,000,000	Tier 4	Tier 3	Tier 2
	Persons ≥65 yrs old	38,000,000			
	Healthy adults 19–64 yrs old	121,800,000	Tier 5	Tier 4	Tier 4

Figure 1. Vaccination tiers and target groups for a severe pandemic. This figure illustrates how vaccination is administered by tiers until the entire U.S. population has had the opportunity to be vaccinated, and how tiers integrate target groups across the four categories balancing vaccine allocation to occupationally defined groups and the general population.

Population



Vaccination Tier 1 at All Pandemic Severities

Tier 1 includes the highest priority groups (Level A) identified in each of the four categories (Table 2). Unlike other tiers which differ with severity of the pandemic, Tier 1 is the same across all pandemic severities. This is because for the occupationally defined groups in this tier, maintaining effectiveness is critical, burdens are likely to be markedly increased in any pandemic, and risk of occupational exposure and infection is high because of contact with ill persons, living conditions, or geographic location. It should be noted that during the 1918 pandemic, more American soldiers died of illness than in combat during the First World War.

Targeting vaccinations in Tier 1 to groups that serve important societal needs is balanced by including in this tier pregnant women and infants who are at high risk of dying during a pandemic Protecting pregnant women and infants is in keeping with priorities expressed by public and stakeholder groups and is an efficient use of vaccine because a pregnant woman will pass on protection to her newborn and

because infants between 6 and 35 months old may need a smaller vaccine dose compared with older persons.

Potential sub-prioritization of Tier 1

Vaccine may be in extremely short supply through the first wave of a pandemic and even longer. Particularly in a severe pandemic, it may be necessary to sub-prioritize vaccination of groups included in Tier 1 by stratifying *within* and *between* target groups (Table 3). For example, hospital-based health care providers are separated into "front-line" providers – those essential for maintaining emergency departments and intensive care units and providing medical and nursing care on inpatient wards – and other inpatient health care providers who would receive vaccine later in Tier 1. This proposed ranking of groups within Tier 1 balances allocation to achieve multiple pandemic response goals and protects persons who are at highest occupational risk of becoming infected.

Table 3. Proposed sub-prioritization of vaccination among Tier 1 target groups for situations where vaccine supply is most limited.

Priority	Group	Rationale	Estimated Population
1	Front-line inpatient and hospital-based health care workers (persons essential for maintaining function in emergency departments, intensive care units, and other front-line medical and nursing staff)	Critical role in providing care for the sickest persons; highest risk of exposure and occupational infection	1,000,000
2	Deployed and mission-critical personnel	Essential role in national and homeland security; high risk due to living conditions and possibly geographic location	700,000
3	Front-line Emergency Medical Service personnel (those providing patient assessment, triage, and transport).	Provide critical medical care including procedures such as intubation that increase risk of aerosol exposure and occupational infection	800,000
4	Front-line outpatient health care providers (physicians, nurses, respiratory therapy; includes public health personnel who provide outpatient care for underserved groups)	Effective outpatient care is critical to decrease the burden on hospitals; high risk of exposure and occupational infection	1,000,000

5	Front-line fire and law enforcement personnel	Essential to public order and safety; less substantial and more predictable risk of exposure.	1,000,000
6	Pregnant women and infants 6-11 months old	High-risk documented in prior pandemics and annually; reflects public values to protect children; vaccination of a pregnant woman also will protect the infant; infants 6-11 months old are at high-risk and antiviral drugs are not FDA-approved for children <1 year old	5,150,000*
7	Others in Tier 1 (includes Tier 1 health care workers not vaccinated previously in hospitals, outpatient settings, home health, long-term care facilities, and public health; emergency service providers; manufacturers of pandemic vaccine, antiviral drugs, and other key pandemic response materials; and children 12-35 months old)	Includes persons in critical settings who have less exposure and toddlers who are less at risk of severe disease or death than younger infants and who are able to receive antiviral treatment based on FDA approval of antiviral drugs	13,100,000**

*Because infants would be expected to receive one-half a regular vaccine dose, the number of adult vaccine dose-equivalents for this group would be about 4,125,000

**Toddlers 12 – 35 months old may receive a lower vaccine dose; thus, the number of adult vaccine dose-equivalents for this group would be less.

Vaccination Tier 2 through 5 by Pandemic Severity

In contrast with Tier 1, target groups included in Tiers 2 through 5 will be different depending on pandemic severity (see Table 2). When vaccination has been completed for all five tiers, at any pandemic severity, everyone in the United States will have had the chance to be vaccinated.

Guidance for severe pandemics (PSI 4 or 5)

Tier 2 targets groups in the Homeland and National Security category that are critical to maintaining our country's safety. Critical community support service personnel are prioritized because they are needed to assist in a community pandemic response and support the elderly, persons living alone, and families

complying with voluntary quarantine when a family member is ill (recommended as part of the community mitigation strategy). Critical infrastructures targeted in Tier 2 are those that provide "just in time services" (i.e., products like electricity and natural gas that cannot be stored), are relied on by all other infrastructures for their essential operations, and contribute to public health and safety. The highest risk children – those who have underlying medical conditions that increase their risk of complications or death from influenza infections – also are included in this tier.

Tier 3 includes the remainder of target groups that protect homeland and national security, provide health care, and maintain critical infrastructures. Critical Infrastructure sectors targeted in Tier 3 are those that provide essential products and services where there generally is greater "redundancy" in infrastructure (e.g., there are many bakeries, dairies, gas stations) or personnel (e.g., there are many truck drivers); or where burden is likely to decrease in a pandemic (e.g., less demand for mass transit, postal, and shipping). Many businesses in these sectors can take other measures to protect employees, such as using alternate work schedules, teleworking, and reducing in-person meetings and other contacts in the workplace. In the general population, children without high-risk medical conditions are targeted in this tier.

Tiers 4 and 5 are focused on groups in the general population that have not yet been vaccinated. Whereas persons aged 19 to 64 years who have underlying medical conditions and elderly persons 65 years old or older are targeted in Tier 4, in situations of limited vaccine supply, the 19 to 64 year old group should be targeted first. The rationale for targeting younger persons is that the effectiveness of seasonal and candidate pandemic influenza vaccines is less among elderly persons because of age-related decreases in immune function. Thus, when vaccine supply is limited, targeting high-risk adults before the elderly makes best use of the supply that is available. Other strategies, including hygiene and public health measures to reduce the risk of infection, and treatment with antiviral medications are effective options to protect the elderly. Healthy adults would be targeted in Tier 5.

Guidance for moderate pandemics (PSI 3)

Moderate pandemics also pose threats to maintaining effective security, health care and community support services, and critical infrastructure. While target groups in Tier 1 are the same as for severe pandemics, in later tiers, general population groups assume greater priority.

Target groups in Tier 2 for homeland and national security, health care and community support services, and critical infrastructure are the same as for a severe pandemic (Table 2). However, for moderate pandemics this tier includes all children 3 to 18 years old rather than only those with high-risk medical conditions (in addition to household contacts of young infants). Because of the large population of children, if vaccine supply is limited, children with medical conditions that increase their risk of severe illness should be vaccinated before those without such conditions.

Tier 3 includes the remainder of target groups that protect homeland and national security, and provide health care. Vaccination is not targeted to critical infrastructure personnel in the remaining sectors because of the lower risk to maintenance of important functions, redundancy of infrastructures and personnel, and the ability to protect workforces using other measures: in a moderate pandemic, target groups listed in Level C of the Critical Infrastructure category would be vaccinated in their applicable age and health status group along with the general population. This tier also includes persons aged 19 to 64 years who are at higher risk of severe illness due to medical conditions and persons 65 years old and older. As for severe pandemics, if vaccine supply is limited the high-risk adults should be targeted before the elderly because of the greater vaccine effectiveness in the former group. Healthy adults are included in Tier 4.

Guidance for less severe pandemics (PSI 1 or 2)

Less severe pandemics pose less threat to delivery of health care, community support, and other essential services and products. While target groups in Tier 1 are the same as for severe pandemics, in later vaccination tiers, general population groups assume greater priority. Historical analysis of the 1957 and 1968 pandemics in the United States indicates that health care and essential services were effectively maintained. Because of this, after Tier 1, occupational groups in the health care and community support services and critical infrastructure categories are not specifically prioritized and workers in these groups would be vaccinated based on their age and health status as part of the general population.

Tier 2 includes groups that protect homeland and national security given the overriding importance of protecting our country's safety (Table 2). In contrast with more severe pandemics where children are vaccinated before other general population groups, in less severe pandemics, guidance for priority vaccination follows recommendations for annual influenza vaccination as defined by the Advisory Committee for Immunization Practices. The rationale is that a PSI category 1 pandemic may be little different than a bad annual influenza outbreak. Thus, Tier 2 includes household contacts of infants less than 6 months old and persons with medical conditions that increase their risk for influenza complications, and persons aged 65 years and older.

Tier 3 includes healthy children and Tier 4 includes healthy adults, who comprise the remainder of the population.

APPENDIX B

Eastern Highlands Health District Priority Groups For Receiving Antiviral Medications During a Pandemic

(Pending forthcoming guidance from the Centers for Disease Control)

Please note that priority groups may change depending on the epidemiology of the virus.

If antiviral supplies are limited, treatment and prophylaxis during a pandemic will be prioritized as follows:

1. Treat patients hospitalized with influenza;
2. Treat health care workers with direct patient contact and Emergency Medical System workers;
3. Treat highest risk outpatients (immunocompromised and pregnant women);
4. Treat pandemic health responders, public safety and key government decision makers;
5. Treat increased risk populations – young children 12 – 23 months old, people over 65, and people with underlying medical conditions
6. Provide post-exposure prophylaxis in certain environments (e.g., nursing homes and other residential settings);
7. Provide prophylaxis for Emergency Medical System and health care workers and in emergency rooms, Intensive Care Units, and dialysis centers;
8. Treat critical infrastructure responders and health care workers without direct patient contact;
9. Treat other outpatients not included in categories above;
10. Provide prophylaxis to highest risk outpatients (immunocompromised and pregnant women);
11. Provide prophylaxis for other health care workers with direct patient contact.

Based on guidelines included in the

Department of Health and Human Services Pandemic Influenza Plan, 2005

APPENDIX C

EHHD Pandemic Response Checklist

Public Health Responsibilities During a Pandemic

All Phases

1. Lead a regional health education campaign for pandemic response.

2. Coordinate the community's emergency public health response through Emergency Support Function 8 (Health and Medical Services), and the Regional Disaster Plan.

3. Serve as the lead agency in District for risk communications messaging and public education. All jurisdictions will coordinate with region to ensure consistency of communications and messaging regarding pandemic influenza.

4. Provide effective communications to the public, the media, elected officials, health care providers, business, and community leaders throughout public health emergencies.

5. Conduct regional surveillance to track the spread of the human disease and its impact on the community. Through liaison with agriculture and wildlife agencies, assure influenza surveillance in animals in region and monitor surveillance data.

6. Provide guidance to health care system partners on clinical management and infection control.

7. Coordinate planning for and implementation of disease containment strategies and authorities.

8. Communicate and coordinate with health system partners through the ESF 8 to coordinate and manage health care system resources and information.

9. Develop and implement protocols for prioritizing the use of limited supplies of influenza vaccine and antiviral medicines.

10. Initiate and direct mass vaccination efforts.

11. Lead efforts to strengthen support, outreach, and training for vulnerable populations in region.

APPENDIX D

Protective Measures to Reduce the Spread of Pandemic Influenza

Pandemic Phase Possible Protective Measures

Protective Measure	Phase 1-3	Phase 4	Phase 5	Phase 6
Public information and education campaign	✓	✓	✓	✓
Individual isolation of influenza cases		✓	✓	✓
Quarantine close contacts of influenza cases	✓	✓	✓	
Recommend the public defer travel to countries impacted by pandemic		✓	✓	✓
Close all public and private schools, day care centers			✓	✓
Limit social interaction at libraries, colleges and universities			✓	✓
Direct public and private sector to implement pandemic emergency staffing plans			✓	✓
Suspend government functions			✓	✓

not **dedicated to pandemic response or** **critical continuity.**				
Suspend large gatherings (sports **events, concerts)**			☍	☍
Close churches, theaters and other **places where crowds gather**			☍	☍
Recommend use of public transit only **for essential travel**			☍	☍

☍ Consider instituting these protective measures

APPENDIX E-1

Graded Implementations of Social Distancing Measures by

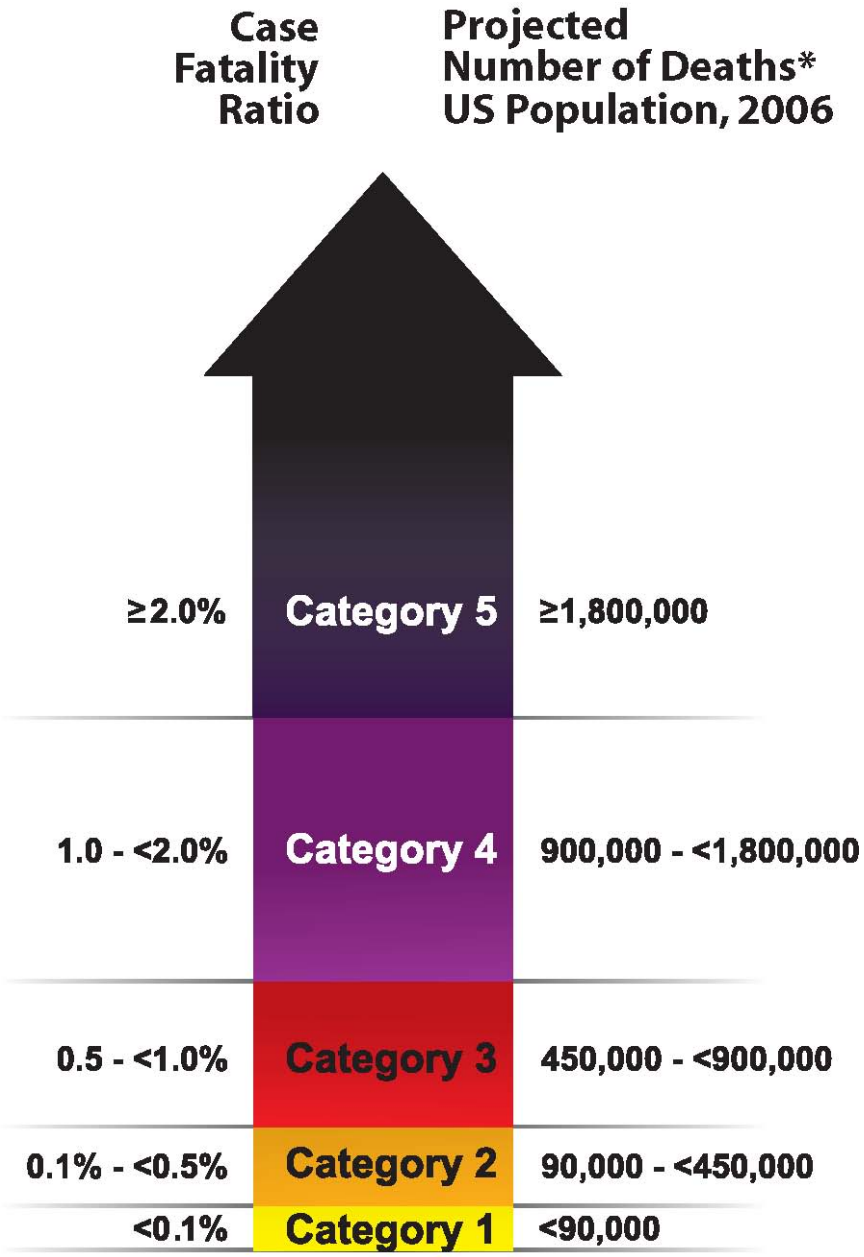
Pandemic Phase

Phase	Level of Influenza Activity	Possible Eastern Highlands Health District Resp
3	Novel influenza virus infecting humans abroad; no human to human transmission; no cases in US	Preparedness planning with partners Business continuity planning Educate response partners Initiate public education campaign Stockpile essential supplies
4	Limited human to human transmission of novel influenza virus abroad; small number of local cases may begin appearing, however all are either imported or have clear epidemiologic links to other cases	Isolation of all cases Quarantine of close contacts Recommend residents defer travel to areas affe by novel virus, per CDC guidance
4	Limited human to human transmission of novel influenza virus locally; a small number of cases without clear epidemiological links to other cases and/or increased occurrence of influenza among close contacts	Isolation of all cases Quarantine of close contacts Recommend residents defer travel to areas affe virus, per CDC guidance Recommend residents avoid close contact with to the extent possible by curtailing travel and non-essential contact with other persons.
5	Sustained novel influenza virus transmission locally with large number of cases identified	Isolation of all cases Close public and private schools and day care c Limit social interaction at libraries, churches

		Direct government and business to implement emergency staffing plans
5	Rate of infection continues to increase following school and child care center closures and social distancing in government agencies and businesses	Close churches, theaters, stadiums, community Cancel all large public gatherings Recommend public transit be used only for ess
6	Sustained novel influenza activity in region with widespread impact	Consider suspending government functions not to pandemic response or critical continuity

APPENDIX E-2

Pandemic Severity Index



*Assumes 30% Illness Rate and Unmitigated Pandemic Without Interventions

APPENDIX E-3.

Summary of the Community Mitigation Strategy by Pandemic Severity

	Pandemic Severity Index		
Interventions* by Setting	**1**	**2 and 3**	**4 and 5**
Home **Voluntary isolation** of ill at home (adults and children); combine with use of antiviral treatment as available and indicated	**Recommend†§**	**Recommend†§**	**Recommend†§**
Voluntary quarantine of household members in homes with ill persons¶ (adults and children); consider combining with antiviral prophylaxis if effective, feasible, and quantities sufficient	**Generally not recommended**	**Consider****	**Recommend****
School **Child social distancing**			
-dismissal of students from schools and school based activities, and closure of child care programs	**Generally not recommended**	**Consider: ≤4 weeks††**	**Recommend: ≤12 weeks§§**
-reduce out-of-school social contacts and community mixing	**Generally not recommended**	**Consider: ≤4 weeks††**	**Recommend: ≤12 weeks§§**
Workplace / Community **Adult social distancing**			
-decrease number of social contacts (e.g., encourage teleconferences, alternatives to face-to-face meetings)	**Generally not recommended**	**Consider**	**Recommend**
-increase distance between persons (e.g., reduce density in public transit, workplace)	**Generally not recommended**	**Consider**	**Recommend**
-modify postpone, or cancel selected public gatherings to promote social distance (e.g., postpone indoor stadium events, theatre performances)	**Generally not recommended**	**Consider**	**Recommend**
-modify work place schedules and practices (e.g., telework, staggered shifts)	**Generally not recommended**	**Consider**	**Recommend**

APPENDIX F

Threshold Determinants for the Use of Social Distancing Measures

- Locally
  - Total number of cases
  - Rate of increase in number of cases (per day, week)
  - Percentage of case with no identified epidemiologic link
  - Populations affected including number and percentage of cases among:
  - Children
  - Adults between 18- 40
  - Elderly
  - Persons with underlying medical conditions
  - Other risk factors
  - Severity of illness
  - Number of cases hospitalized
  - Number of fatalities and percentage of hospitalized cases resulting in death
  - Number of contacts under active surveillance
  - Ability to rapidly trace contacts
  - Absenteeism rates
- Nationally
  - Severity of illness
  - Populations affected
  - Rate of spread
- Response Measures

- Recommendations made by the CDC and DPH
- Degree to which neighboring jurisdictions have implemented social distancing measures
- Information about effectiveness of social distancing measures in other communities

APPENDIX G

Projected Effects of Pandemic Influenza

Numbers for Eastern Highlands Health District assume 35% attack rate, 25% Outpatient care, 10% hospitalization and 2% case fatality rate
Estimates derived from FluAid, CDC

	Outpatient Visits	Hospitalizations	Deaths
US	18 – 45 million	865,000 – 9.9 million	
Connecticut	261,000-610,000	6,000-14,000	1,400-3,300
Eastern Highlands Health District 779,000 population, 27,650	6,912	691	Up to 553

MASS FATALITIES PLAN

Connecticut Funeral Directors Association
Pandemic Influenza Plan - Statements of Purpose

The MASS FATALITIES PLAN was developed by the Mass Fatality Committee of the **Connecticut Funeral Directors Association** (CFDA) and subsequently approved by the CFDA board in January 2008 and is subject to periodic revision.

Written by funeral directors, this plan is intended to be suggestions to assist the various mass fatality and pandemic planning committees through out the state. CFDA highly recommends that each town or region customize their own plan with the means and resources that are unique to their district or region (i.e. temporary storage sites) during a mass fatality event. The use of similar plans and forms through out the state will promote a unified effort and response during a mass fatality event. The Mass Fatality Committee appreciates any suggestions or comments from the reader, thank you. Please feel free to contact us at:

The Plan, in its entirety can be found at: http://www.ctfda.org/docs/CFDAPandemicSOP.doc

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