

City of Cordova



ANNEX L: PANDEMIC INFLUENZA

Purpose

To reduce morbidity, preserve continuity of City operations, and to minimize the social and economic impact of an influenza pandemic

To define roles and responsibilities of key stakeholders during all phases of the disease

To serve as a guide to local health care partners, response agencies, and businesses in the development of local pandemic influenza response plans

Introduction

- Influenza Pandemics occur sporadically when there is a major change in the structure of a strain of influenza virus such that most (or all) of the world's population is susceptible to infection. These major changes emerge by at least two mechanisms: Genetic recombination and adaptive mutation.
- At some point in the future, the world will be faced with another Pandemic caused by a strain of influenza virus that spreads rapidly and causes extra ordinarily high rates of illness

and death—higher, in fact, than virtually any other natural health threat. Because novel influenza viruses have the potential to spread rapidly, high levels of absenteeism in the workforce can quickly jeopardize essential community services, including healthcare services throughout affected regions. Because little time will be available to prepare after the pandemic is first identified, it is critically important for us to promptly maximize our ability to respond effectively to this imminent threat.

- Although there is no way to fully predict the impact of an influenza pandemic on Cordovans, CDC has developed software, called FluAid, to assist in establishing a range of estimates of impact due to a future pandemic influenza strain circulating in our community. Based on attack rates of 30% and 50% of the Cordova population affected (assuming summer population of 5000):
 - ✓ Up to 30 – 50% of the population will become ill with the flu. (1,500-2,500 Cordovans)
 - ✓ Up to 15 – 25% of the population will require out-patient visits. (750-1250 Cordovans)
 - ✓ Up to .3 – 3% of the population will require hospitalization. (15-150 Cordovans)
 - ✓ Up to .1 – 2.5% of the population will die of flu related causes. (5-125 Cordovans)

Assumptions

- The identification of a novel influenza virus with sustained human-to-human spread may give warning of a pandemic weeks or months before the first cases are identified in Alaska.
- Most people who have access to clean water, food, sanitation, fuel, and nursing and medical care while they are sick will survive.
- There could be significant disruption of public and privately owned critical infrastructure.
- The number of ill people requiring outpatient medical care and hospitalization may overwhelm the city's healthcare system.
- No effective influenza vaccine will be available early in the course of the pandemic. When influenza vaccine becomes available, it will be in short supply and may require two doses.
- Supplies of antiviral medications that are effective against influenza will also be inadequate and need to be prioritized for use.

- Implementation of social distancing measures, such as isolating the sick, screening travelers, and reducing the number of public gatherings, may help to slow the spread of influenza early in the pandemic period.
- Federal and State declarations of emergency will change legal and regulatory aspects of providing public health services during a pandemic.
- Maintaining social order and compliance with health recommendations during a pandemic may prove to be problematic.

Limitations

Police, Troopers, Fire, Rescue, and EMS resources will be overwhelmed in any major disaster

- In a disaster, the rescue capability of the Fire Department must be augmented by the resources of other agencies and by trained citizen volunteers.

Concept of Operations

Phases Of An Influenza Pandemic

- WHO has developed a global influenza preparedness plan that presents a classification of six phases grouped within the following three phases: Interpandemic Period, Pandemic Alert Period, and Pandemic Period. These phases are associated with increasing public health risk associated with the emergence and spread of a new influenza subtype that may lead to a pandemic. The Director General of WHO is responsible for declaring the current global pandemic phase and adjusting the phase level to correspond with pandemic conditions around the world.

WHO Pandemic Alert Phases

Interpandemic Period	No new influenza virus subtypes have been 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 to be low.	1
	No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.	2
Pandemic Alert Period	Human infection(s) with a new subtype but no human-to-human spread or at most rare instances of spread to a close contact.	3
	Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.	4
	Larger cluster(s) but human-to-human spread is still localized, suggesting the virus is becoming increasingly better adapted to humans but may not yet be fully transmissible (substantial pandemic risk).	5
Pandemic Period	Pandemic Phase: increased and sustained transmission in the general population.	6

The Alaska (and Cordova) Pandemic Influenza Plan utilizes the WHO and HHS phases by combining them into two periods called :

- #1. Interpandemic and Pandemic Alert Period** (this combines WHO's Phases 1, 2, 3; and federal HHS phases Interpandemic and Pandemic Periods) and:
- #2. Pandemic Period** (this combines WHO's Phases 4, 5, 6; and is the federal HHS phase Pandemic Period).

Federal Role

- DHS&EM will coordinate all non-medical support and response actions. HHS will coordinate the overall public health and medical emergency response efforts. HHS Secretary can declare a public health emergency and, subsequently, coordinate response functions. Additionally, the President can declare a disaster and activate the National Response Plan.

State Role

- States are individually responsible for coordination of the pandemic influenza response within and between their jurisdictions. Administrative Order No. 228 orders the Department of Military and Veterans Affairs, Division of Homeland Security and Emergency Management (DHS & EM) to assume overall responsibility for interagency coordination of pandemic influenza preparedness and the Department of Health and Social Services, Division of Public Health (DPH) to assume primary functional and technical responsibility for pandemic influenza preparedness. They will coordinate with Cordova to ensure development of local plans and provide resources to assist in that planning process.

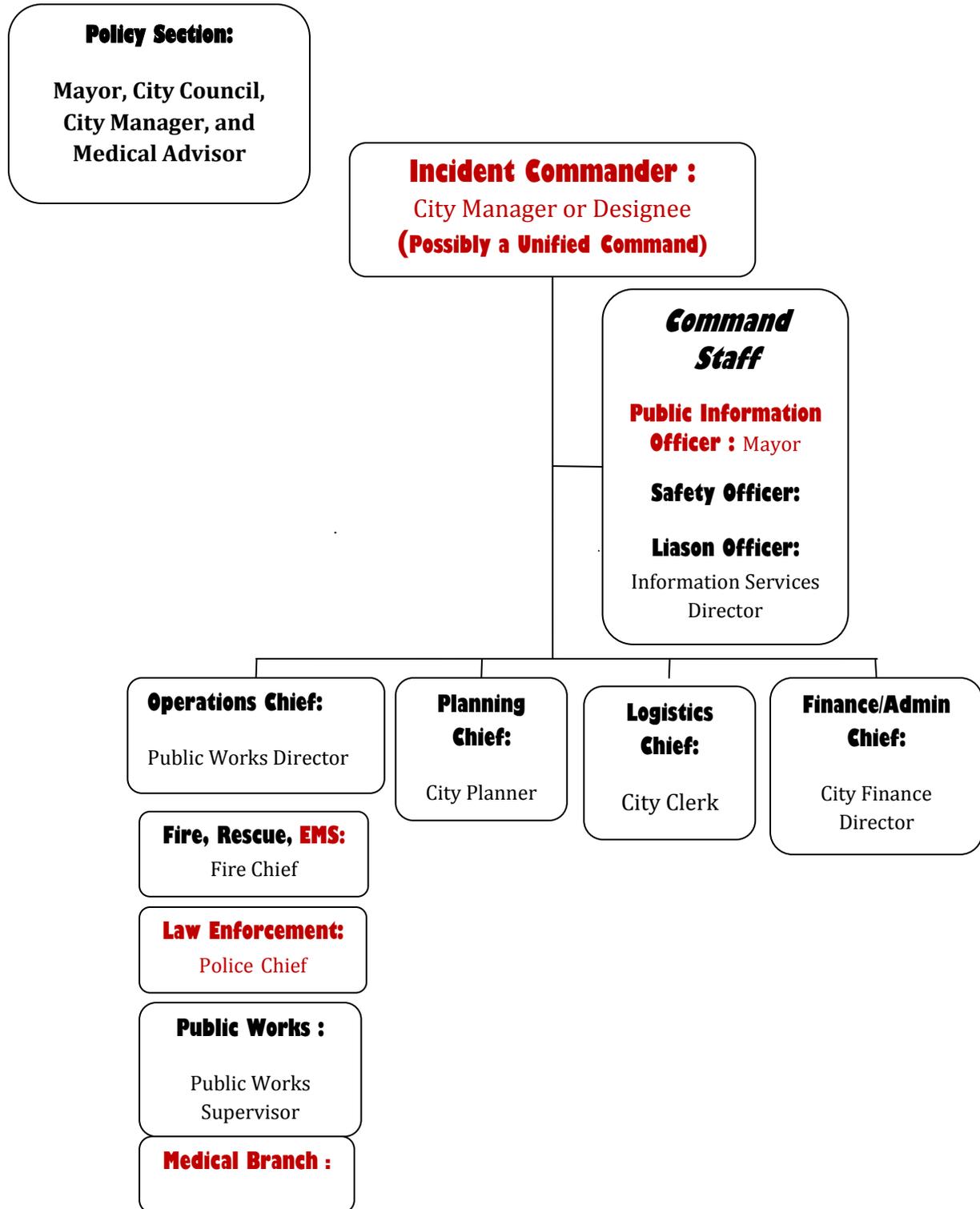
Organization and Assignment of Responsibilities

The State of Alaska Director of Public Health will declare when it is time to activate the state plan for the pandemic period, at which point Cordova will activate its EOP and declare a local emergency. Emergency powers are contingent upon that declaration.

- When the plan is activated, the organizational structure on the next page will be in effect in Cordova. The Medical decisions will be made by a unified command of the four medical entities, entitled Medical Unit Medical Directors (MBR): one representative each, from Cordova Community Medical Center, Ilanka, Public Health Nurse, and Emergency Medical Services (EMS). CCMC representation will include Mental Health. The Medical Directors will meet daily, if the plan is activated. The Medical Directors will choose one representative to be present at the EOC, if it is activated.

Organizational Chart for Pandemic Influenza

***RED indicates activation of that entity for PANDEMIC INFLUENZA



Specific responsibilities for the following jobs are found in the Position Checklist. The abbreviation for each job is found in the table below.

Key Stakeholders	Acronym
Section of Epidemiology	SOE
AK Division of Public Health	DPH
Center for Disease Control	CDC
Planning Chief	PC
Logistics Chief	LC
Medical Branch Representatives	MBR
Cordova Community Medical Center	CCMC
Ilanka Clinic	IL
Emergency Management Coordinator	EMC
Public Health Nurse (424-4547)	PHN
Cordova School District	CSD
Emergency Medical Services-ambulance	EMS
Public Information Officer (Mayor)	PIO
Police Department (424-6100)	PD
Public Works (424-6???)	PW
Fire Department (424-6117)	FD
Incident Command	IC
Salvation Army (424-3134)	SA
Red Cross Volunteers (Cordova Unit)	RC
Community Emergency Response Team	CERT
Incident Management Team	IMT
Surveillance Unit	SU
Policy Section (Mayor, City Council, City Manager)	PS
Temporary Coroner	TC
Mental Health Support (Sound Alternatives 424-8300 and Cordova Family Resource Center 424-5674)	MHS

POSITION CHECKLIST: INTERPANDEMIC and PANDEMIC ALERT PERIOD

***If it is a PRIMARY responsibility, it will be in **BOLD** and underlined

Responsibility/Task	<u>Who is Responsible?</u>
Command, Control, and Mngt.	
Have vital equipment in the condition necessary for major emergencies	<u>ALL ENTITIES</u>
Develop/update plans and operating procedures for responders. Coordinate all plans and operating procedures with those of other City emergency services.	<u>ALL ENTITIES</u>
Maintain an inventory of all first responder resources within the City and develop plans to make all responder resources available	<u>ALL ENTITIES</u>
Upon receipt of an impending disaster report, verify the report with authorized agencies	<u>ALL ENTITIES</u>
Estimate possible effects and consequences of impending hazard	<u>ALL ENTITIES</u>
Maintain/update/revise the pandemic flu annex	<u>EMC</u>
Maintain a personnel alerting or call-up roster	<u>ALL ENTITIES</u>
Maintain primary and secondary communications systems which will be tested twice a year (backup system may include ARES radio operators)	<u>ALL ENTITIES</u>
Prepare to escalate to full and sustained operational status on short notice	<u>ALL ENTITIES</u>
Have vital equipment in the condition necessary for 24-hour operation	<u>ALL ENTITIES</u>
Arrange with the private pharmacy for their support, if required, to supplement pharmaceuticals.	<u>ALL ENTITIES</u>
Establish and maintain MOU's associated with pandemic flu preparation	<u>EMC</u>
Choose who will be the medical administrative decision makers (6 Medical Representatives/one from each entity) during the pandemic	<u>CCMC, IL, PHN, EMS, MHS</u>
Identify a medical representative to send to an EOC, if needed	<u>MBR</u>
Ensure coordination among all responding entities	<u>IMT</u> or <u>MBR</u> if EOC not activated
Meet with local stakeholders and review major elements of this plan	<u>ALL ENTITIES</u>
Decide when the EOP and pandemic flu annex is implemented	<u>DPH</u>
Review the plan to close and reopen schools, businesses, and public events	<u>POL</u>
Review the legal and regulatory aspects of pandemic flu issues	<u>POL, CSD, PD</u>
Educate the public prior to onset of the pandemic	<u>EMC, PIO, CSD</u>
Mobilize additional resources	<u>LC</u> . Or MBD, if EOP not activated

Participate in mass casualty disaster exercises	<u>ALL ENTITIES</u>
Review City COOP plan to prepare for high rate of absenteeism...identify essential services and functions within the jurisdiction	<u>POL</u>
SURVEILLANCE and INVESTIGATION	
Establish surveillance unit	<u>IMT</u> , or MBR, if EOP not activated
Follow state surveillance guidelines for rapid identification and isolation of persons infected	<u>CCMC, IL, PHN, EMS</u>
Support State Surveillance activities, including Viral Culture Sentinel Program w/CDC, the Influenza-like Illness Surveillance.	<u>SU, CCMC, IL, PHN</u>
Prepare for and monitor hospital census	<u>SU, CCMC</u>
Prepare for and monitor death rates	<u>SU, CCMC, TC</u>
Prepare for and monitor absentee rates in schools	<u>SU, CSD</u>
Coordinate with AK State Virology Laboratory (ASVL) for guidance and submitting of viral cultures	<u>CCMC, IL, PHN</u>
Train all applicable healthcare providers in proper specimen collection and shipping	<u>CCMC, IL, PHN</u>
Keep the State informed for all surveillance activities	<u>SU</u>
HEALTH CARE SYSTEMS	
Educate health care providers on diagnosis and management of pandemic influenza	<u>DPH</u>
Encourage routine influenza vaccination of all healthcare workers	<u>PHN</u>
Provide health care providers with infection control training and supplies	<u>CCMC, IL, PHN, EMS</u>
Develop and maintain an inventory of emergency medical supplies	<u>CCMC, IL, PHN, EMS</u>
Identify surge capacity resources (alternate care sites, backup personnel, volunteers)	<u>ALL ENTITIES</u>
Prepare to establish temporary morgues (See Annex F)	<u>TC</u>
Identify special population needs and review plans to meet those needs	<u>MBR</u>
Determine appropriate counseling techniques (eg. Teleconference calls, hotlines, etc)	<u>MHS</u>
Update health care providers regularly as the influenza pandemic progresses	<u>MBR</u>
COMMUNITY DISEASE CONTROL	
SOCIAL DISTANCING:	
Closely monitor changing epidemiological data frequently to determine need to implement various community disease control strategies	<u>MBR, POL</u>
Educate Cordovans regarding impact of pandemic influenza and use of community	<u>EMC, PIO, POL</u>

disease control	
Prepare protocols for managing ill passengers at ports of entry	<u>MBD</u>
Prepare health information for travelers...issue travel advisories and precautions	<u>MBD</u>
Determine appropriate timing for implementation of social distancing measures. The state may issue an advisory in this regard.	<u>POL, MBD</u>
Prepare to screen/quarantine at points of entry...follow CDC guidelines	<u>IMT, POL</u>
Prepare to implement protocols for managing ill passengers at ports of entry	<u>IMT, POL</u>
Prepare for preventing importation of infected birds and animals	<u>IMT, POL</u>
Continually evaluate travel –related cases of infection	<u>CCMC, IL, PHN</u>
ISOLATION and QUARANTINE:	
Review hospital and clinic isolation protocols	<u>CCMC, IL</u>
Reviews plans for quarantine , as appropriate	<u>IMT, POL</u>
Review plans for isolation of essential function personnel (see COOP plan)	<u>IMT, POL</u>
VACCINE DISTRIBUTION and USE	
Identify priority groups for vaccinations and educate Cordovans about the rationale for acquiring vaccinations and for the currently recommended priority groups for vaccinations	<u>EMC, PHN, PIO</u>
Review/modify plans for procurement and distribution of vaccine, including security	<u>PHN, PD</u>
Confirm locations for mass clinic sites	<u>PHN</u>
Determine how persons in vaccine priority groups will be identified and tracked	<u>PHN</u>
Assure legal authorities review plans for vaccine distribution and the authority of volunteers and EMT's to provide vaccinations and/or work in healthcare facilities	<u>PHN</u>
Use current population estimates to quantify the number of persons in priority groups for vaccination	<u>PHN</u>
Utilize state standing orders for influenza vaccinations	<u>PHN, IL</u>
Develop a practice mass vaccination clinic	<u>PHN, EMS</u>
ANTIVIRAL DRUG DISTRIBUTION & USE	
Educate Cordovans concerning priority group designations	<u>EMC, PHN, PIO</u>
Identify high-risk groups and coordinate the delivery of antivirals to those individuals in the community based on state recommendations . Review HHS guidelines to determine current appropriate use of limited antiviral supply	<u>PHN</u>
Plan for receipt and security of antivirals	<u>PHN</u>
Procure and maintain local stockpile of antivirals	<u>PHN</u>
Reviews plans for implementation of home delivery systems of antivirals	<u>PHN</u>
Plan and train for rapid disbursement and use of antivirals	<u>PHN</u>

Discontinue when no longer needed and recover unused supplies	<u>PHN</u>
COMMUNICATIONS	
Take responsibility as the City spokesperson	<u>PIO (Mayor)</u>
Develop a 24/7 contact list for staff	<u>ALL ENTITIES</u>
Determine how daily briefings between Medical Directors will be slated and how information from those meetings will get to the PIO	<u>IMT or MBR</u>
Establish telephone hotline	<u>EMC</u>
Prepare basic communication materials on influenza, influenza vaccine, antiviral agents, general preventative measures, and other relevant information in multiple languages.	<u>EMC</u>
Review plans for communicating with special populations in alternate languages	<u>EMC</u>
Publicize/regularly update pandemic flu website	<u>EMC</u>
Review list of local media contact names and numbers and methodology to quickly send them information	<u>PIO</u>
Review internal plan on how to distribute information passed on from DHSS/SOE to appropriate health care staff	<u>ALL ENTITIES</u>
Schedule public educational presentations	<u>EMC</u>
Present infection control information to school children	<u>PHN</u>
Conduct town meeting	<u>MAYOR</u>
Conduct meetings with partners, community leaders, and government leaders to present plans and updates	<u>PIO</u>

POSITION CHECKLIST: PANDEMIC PERIOD

***If it is a PRIMARY responsibility, it will be in **BOLD and underlined**

Responsibility/Task	<u>Who is Responsible?</u>
Command, Control, and Mngt.	
Activate EOC, if necessary	<u>IC</u>
Implement the Pandemic Flu Annex	<u>IC</u>
Implement medical surge and infection control plans at health care facilities	<u>CCMC, Ilanka, PHN, EMS</u>
Prepare to close all but essential functions and implement plans to protect critical services . Implement security and protection plans for critical infrastructure, including contingency plan for 30-40% absenteeism .(See COOP plan)	<u>IC</u>

Prepare to protect and supply the needs of essential workers	<u>IMT</u>
Establish a regular briefing/planning schedule	<u>IC</u>
Publish regular situation reports /incident action plans, if EOC is fully activated	<u>PC</u>
Implement the personnel alerting or call-up roster	<u>ALL ENTITIES</u>
Establish communications systems	<u>ALL ENTITIES</u>
Track inventory of resources and submit resource requests to SECC, if necessary	<u>PC</u>
Mobilize additional resources or submit requests to SECC for additional resources, if necessary	<u>LC</u>
Escalate to full and sustained operational status , if necessary	<u>ALL ENTITIES</u>
Provide Personal Protective Equipment (PPE) to all pertinent responders	<u>ALL ENTITIES</u>
Implement community mass fatality plans (See Annex F)	<u>IC</u>
Activate appropriate MOU's associated with pandemic flu	<u>IC</u>
Choose who will be the medical administrative decision makers (Medical Unit Medical Directors (MBR)/representation from each entity) during the pandemic	<u>CCMC, IL, PHN, EMS, BHS</u>
Identify a medical representative to send to an EOC, if necessary	<u>CCMC,IL,PHN, EMS</u>
Meet with local stakeholders and review major elements of this annex	<u>ALL ENTITIES</u>
Determine when to close and reopen schools, businesses, and other public events, if necessary.	<u>POL</u>
Have legal and regulatory input available	<u>POL</u>
SURVEILLANCE and INVESTIGATION	
Activate surveillance unit	<u>IMT</u> , or MBR, if EOP not activated
Follow state surveillance guidelines for and rapid identification and isolation of persons infected with influenza-like illness	<u>CCMC, IL, PHN, EMS</u>
Support State Surveillance activities, including the Enhanced Surveillance Form http://www.hss.state.ak.us/dph/DPHPP/pandemicflu/panfluplan.pdf	<u>SU, CCMC, IL,PHN</u>
Monitor hospital/clinic census and provide information reports to the SECC	<u>SU, CCMC,IL</u>
Monitor death rates	<u>SU, CCMC,TC</u>
Monitor absentee rates in schools, government offices, and businesses	<u>SU, CSD</u>
Coordinate with State Public Health Laboratory for guidance and submitting/shipping of viral cultures. Request additional specimen collection supplies from the SECC, if necessary.	<u>CCMC, IL, PHN</u>
Keep the SECC informed of all surveillance activities. (Check reporting requirements for SOE)	<u>SU</u>
Report data to SECC	<u>SU,CCMC, IL, PH</u>
Pre-screening	<u>PHN</u>

HEALTH CARE SYSTEMS	
Initiate screening and triage of symptomatic patients for either personal or contact history of travel to geographical area with novel virus activity	<u>CCMC,IL,PHN</u>
Initiate mental health counseling services, as necessary	<u>MHS</u>
Contact special needs population (elders, etc), to ascertain needs	<u>MHS</u>
Provide or facilitate testing suspected case-patients	<u>PHN</u>
Provide health care providers with infection control training and supplies and promote strict adherence.	<u>CCMC, IL, PHN, EMS</u>
Limit movement and transport of patients with influenza	<u>CCMC, IL, PHN, EMS</u>
Activate volunteer lists	<u>ALL ENTITIES</u>
Establish Alternative Care Sites	<u>CCMC</u>
Establish temporary morgues and file/ issue death certificates , if necessary	<u>TC</u>
Activate hospital/clinic plan and EMS plan , in coordination with Division of Public Health	<u>CCMC, IL, PHN, EMS</u>
Update health care providers regularly as the influenza pandemic progresses	<u>PC</u>
COMMUNITY DISEASE CONTROL	
SOCIAL DISTANCING:	
Closely monitor changing epidemiological data frequently to determine need to implement various community disease control strategies	<u>MBR, POL</u>
Continue to educate Cordovans regarding impact of pandemic influenza and use of community disease control, as well as infection control measures	<u>EMC, PIO, POL</u>
Determine appropriate timing for implementation of social distancing measures. The state may issue an advisory in this regard.	<u>POL, MBR</u>
Implement social distancing measures	<u>IC</u>
Provide recommendations for discontinuing social distancing measures	<u>POL, MBR</u>
Implement protocols for managing ill passengers at ports of entry	<u>IC</u>
Implement screen/quarantine procedures at points of entry...follow CDC guidelines	<u>IC</u>
Consult with schools regarding closure	<u>POL</u>
Implement protocols for managing ill passengers at ports of entry	<u>IC</u>
Implement emergency staffing for both public and private sectors, in order to accomplish social distancing	<u>IC</u>
Close non-essential government functions, as appropriate	<u>IC,POL</u>
Close public gathering places, as appropriate	<u>IC, POL</u>
Determine the need to close ports of entry	<u>IC, POL</u>
Implement restrictions of nonessential travel	<u>IC, POL</u>
ISOLATION and QUARANTINE:	

Direct infectious case-patients to remain in isolation(quarantine)	<u>IC</u>
Isolate all suspect patients	<u>CCMC, IL, PHN</u>
Quarantine contacts , as appropriate	<u>IC, PIO</u>
Communicate quarantine/isolation procedures to the public	<u>PIO</u>
Implement alternate care site (ACS)/home care. The state may issue an advisory in this regard.	<u>IMT, CCMC</u>
Implement just-in-time training for ACS, hotline, home care support team staff/volunteers	<u>IC</u>
Continue distribution of home care checklists to community. See http://www.redcross.org/www-files/Documents/pdf/domestic%20programs/pandemic_flu_home_care_brochure.pdf	<u>PIO, CERT</u>
VACCINE DISTRIBUTION and USE	
Continue to educate Cordovans concerning priority group designations	<u>PIO</u>
Using state-wide plans, distribute to high-risk groups in the community	<u>PHN. IL</u>
Implement home delivery systems of antivirals	<u>PHN</u>
Ensure that antiviral information is included on pre-recorded hotline	<u>PIO</u>
Implement drive thru protocols for pharmacy pick up of antivirals	<u>Cordova Drug</u>
Request additional antiviral drugs, if available	<u>PHN</u>
Prepare for post-exposure prophylaxis, if drug is available	<u>CCMC, IL, PHN</u>
Monitor antiviral drug use, safety, and effectiveness	<u>PHN</u>
Discontinue when no longer needed and recover unused supplies	<u>PHN</u>
ANTIVIRAL DRUG DISTRIBUTION & USE	
Continue to educate Cordovans concerning priority group designations	<u>PIO</u>
Using state-wide plans, distribute to high-risk groups in the community	<u>PHN. IL</u>
Ensure that antiviral information is included on pre-recorded hotline	<u>PIO</u>
Implement drive thru protocols for pharmacy pick up of antivirals	<u>Cordova Drug</u>
Request additional antiviral drugs, if available	<u>PHN</u>
Prepare for post-exposure prophylaxis, if drug is available	<u>CCMC, IL, PHN</u>
Monitor antiviral drug use, safety, and effectiveness	<u>PHN</u>
Discontinue when no longer needed and recover unused supplies	<u>PHN</u>
COMMUNICATIONS	
Identify spokesperson	<u>PIO</u>
Identify audiences	<u>PIO</u>
Review 24/7 contact list for staff	<u>ALL ENTITIES</u>
Implement daily briefings between Medical Directors and disseminate information	<u>MBR</u>

from those meetings to the PIO	
Activate pre-recorded telephone hotline	<u>EMC</u>
Establish and staff call-in hotline	<u>MHS</u>
Post community recommendations in prominent locations...including transmission mitigation techniques, PPE suggestions, and website/telephone references	<u>EMC</u>
Disseminate materials on influenza, influenza vaccine, antiviral agents, general preventative measures, and other relevant information in multiple languages.	<u>EMC, CERT</u>
Implement plans for communicating with special populations in alternate languages	
Publicize/regularly update pandemic flu website	<u>EMC</u>
Increase local media attention and establish regular media advisories/briefings	<u>PIO</u>
Use list of local media contact names and numbers and methodology to quickly send them information	<u>PIO</u>
Implement internal plan on how to distribute information passed on from DHSS/SOE to appropriate health care staff	<u>MBR</u>
Continue to communicate with partners, community leaders, and government leaders to present plans and updates	<u>MBR</u>
Coordinate with SECC on updating information and modifying messages	<u>PIO</u>

