



appendix A: national response plan

An influenza pandemic may require activation of the National Response Plan (NRP), especially if the first appearance of the disease in the United States occurs in one or a few isolated communities and an intense multi-party containment effort led by the federal government seems feasible. The Department of Homeland Security (DHS), in collaboration with HHS and other response partners, developed the NRP and the associated National Incident Management System (NIMS) pursuant to the requirements of Homeland Security Presidential Directive (HSPD) #5 – Management of Domestic Incidents. Full descriptions of the NRP and the NIMS, respectively, are available at www.dhs.gov/interweb/assetlibrary/NRP_FullText.pdf and www.fema.gov/nims/nims_compliance.shtm#nimsdocument.

The intent of the NRP is to reduce America's vulnerability to terrorism, major disasters, and other emergencies; to minimize the damage resulting from these emergencies; and to facilitate recovery. The NIMS aligns the special-purpose incident management and emergency response plans of federal government agencies into a unitary structure. Together, the NRP and the NIMS provide a conceptual and operational framework to integrate the capabilities and resources of various governmental jurisdictions, incident management and emergency response disciplines, nongovernmental organizations (NGOs), and the private sector into a cohesive, coordinated, and seamless national framework for domestic incident management. The federal government can invoke the NRP partially or fully in the context of a threat, anticipation of a significant event, or the response to a significant event.

Emergency support functions

The NRP applies a functional approach that groups the capabilities of federal government departments and agencies and the American Red Cross into Emergency Support Functions (ESFs) to provide the planning, support, resources, program implementation, and emergency services that are most likely to be needed. The HHS has primary responsibility for implementing ESF #8 – Public Health and Medical Services, which provides the mechanism for coordinated federal government assistance to supplement state, local, and tribal resources in response to public health and medical care needs (to include veterinary and/or animal issues when appropriate) in the face of a potential or actual large-scale public health and medical emergency.



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The full set of Emergency Support Functions is as follows:

ESF1	Transportation
ESF2	Communications
ESF3	Public Works and Engineering
ESF4	Firefighting
ESF5	Emergency Management
ESF6	Mass Care, Housing, Human Services
ESF7	Resource Support
ESF8	Public Health and Medical Services
ESF9	Urban Search and Rescue
ESF10	Oil and Hazardous Materials Response
ESF11	Agriculture and Natural Resources
ESF12	Energy
ESF13	Public Safety and Security
ESF14	Long-Term Community Recovery and Mitigation
ESF15	External Affairs

ESF #8 provides for supplemental assistance to state, local, and tribal governments in identifying and meeting the public health and medical needs in core functional areas that include assessment of public health and medical needs (including behavioral health); public health surveillance; medical care personnel; fatality management; and medical equipment and supplies. Management of response activities under ESF #8 occurs through the National Response Coordination Center (NRCC), the Interagency Incident Management Group (IIMG), and the Joint Information Center (JIC). Medical response assets internal to HHS (e.g., the U.S. Public Health Service Commissioned Corps) and through ESF #8 supporting organizations (e.g., the Department of Homeland Security's National Disaster Medical System [NDMS]) may be deployed along with assets from the Strategic National Stockpile (SNS). A complete description of ESF #8 actions and authorities is included in the Public Health and Medical Services annex of the NRP.

The Secretary of HHS directs and oversees HHS activities under ESF-8 through the Assistant Secretary for Public Health Emergency Preparedness (ASPHEP). These activities generally include activation of the Incident Management Team (IMT) within the Secretary's Operation Center (SOC), which serves as the focal point for coordination and communication within HHS and with the DHS and other departments and independent agencies. The ASPHEP serves as the Incident Manager. If warranted, the ASPHEP requests HHS Operating Divisions (OPDIVs) to provide individuals to serve on the IMT. OPDIV Emergency Operations Centers (EOCs) are activated in accordance with the magnitude of the response.

The scope and pace of an influenza pandemic may defy accurate prediction. **The disease may appear in many different parts of the Nation almost simultaneously, or disease may occur in only one or a few communities, and if not contained there, proceed to affect other communities.** In either case, the Secretary of HHS may have reason to exercise his authority under the Public Health Service Act to declare a Public Health Emergency prior to or essentially coincident with activation of the NRP.