



ASCA'S PANDEMIC UPDATE



VOL. 2, APRIL 16, 2007

A Note to our Members:

Due to the potential threat posed by a Pandemic Flu outbreak, the Bureau of Justice Assistance has generously provided ASCA with a grant to enable ASCA members to prepare for such an event. In addition to our proposed grant activities described in this edition of the Pandemic Update, ASCA staff also participates in BJA's Pandemic Consortium. The Consortium consists of a number of criminal justice membership organizations from courts, law enforcement, local corrections, parole and probation. Members of the consortium share their activities at bi-monthly meetings and share ideas and strategies across the various disciplines.

About the ASCA Pandemic Update

ASCA has developed the *ASCA Pandemic Update* in order to provide you with important information related to Pandemic Planning in an organized fashion that will make the information more manageable for you and your staff who are involved in Pandemic Planning. Much of the information provided will be summarized with links or directions to obtain additional information.

Have You Sent Your Plan In Yet?

As a reminder, please send your DOC Pandemic Plans to ASCA, along with information regarding Subject Matter Experts with whom you are in contact, Department contact persons, and whether your Department consents to BJA/Pandemic Consortium posting your plan. Please email Jennifer Raley at the ASCA Executive Office at Jralej@asca.net. Thank you.

WE WANT TO HEAR FROM YOU.

If you have information, plans or case studies that you think would be valuable to share with other members, please email Jennifer Raley at the ASCA Executive Office at Jralej@asca.net.

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ASCA/BJA Project Activities

ASCA continues to work to develop guidelines for the event of a pandemic influenza in our correctional facilities. Currently we are accumulating sample checklists in order to create a ***comprehensive checklist for corrections*** that is:

- Easily accessible to corrections administrators and staff;
- Concise, understandable, and easy to follow (user friendly, uncomplicated);
- Appropriate for a wide variety of corrections settings;
- Applicable to all in corrections settings, including staff, administrators and inmates;
- Inclusive of resources and information sources if questions arise; and
- Translatable to every day life *outside* of the prison/jail setting as well.

Recent Project Activities

- *Pandemic Consortium* ASCA is continuing to share information, useful and applicable resources and current statistics regarding episodes of Avian Flu in other parts of the world with members of the Pandemic Consortium. ASCA staff will be attending the Consortium meeting on April 30th in Washington, DC.
 - *ASCA Pandemic Survey* results are still coming in, and we are expanding our database of information including:
 - Subject Matter Experts;
 - Sample Pandemic Plans;
 - New Policies and Procedures initiated in response to the development of Pandemic Plans;
 - Types of state and local agencies collaborating with corrections regarding Pandemic Planning; and
 - Areas in which jurisdictions need assistance.
 - **The American Jail Association** is conducting a workshop entitled, "*Preparing for a Pandemic Flu Event*" during their upcoming annual national conference in Nashville, this May. The panel will include Laurie Reid from the CDC.
 - *Research* ASCA staff continues to keep up to date on current research findings regarding Pandemic Flu, including animal and human infection cases, rates of spread, vaccines
 - *BJA National Training and Technical Assistance Project*
Under the auspices of **BJA's National Training and Technical Assistance Project**, Judge Linda Chezem, in coordination with representatives of corrections and law enforcement, will be preparing several
 - (1) Summary/fact sheets on topics relevant to pandemic preparedness planning common to all justice agencies and that require interagency coordination in addressing them; and
 - (2) Brief case studies of recent public health emergencies affecting the justice system.
- Judge Chezem also videotaped an online presentation on the role of judges in planning for pandemic emergencies at the National Center for State Courts as part of BJA's on-line justice system training program on pandemic preparedness. Judge Chezem's presentation, along with other justice system officials', can be accessed at the BJA webpage:
www.ojp.usdoj.gov/BJA/pandemic/pandemic_main.html
- **ACA** is planning a workshop for the August conference in Charlotte, *The Bird Flu Scare: What Is Your Plan?* This session will provide an overview of basic pandemic flu related information, including the differences between seasonal, avian (H5N1) and pandemic flu issues. Existing pandemic flu checklists and guidelines for institutional corrections and community corrections will be discussed. How correctional systems pandemic flu planning should fit into other community pandemic flu plan development will also be explored.
 - ASCA Staff watched the live webcast of **CDC's** training panel entitled, "*Pandemic Influenza: Progress in Planning and Exercising Federal, State, and Local Perspectives*" on April 5th. Members can view the archived session at:
<http://www2a.cdc.gov/phtn/webcast/influenza07/media.asp>

Special Topics for Corrections

Pandemic Plans

ASCA members have been sending in their Pandemic Continuity of Operations Plans (COOPs) on a regular basis. Many states are still in the process of developing and finalizing their plans. ASCA renews our request for any Pandemic Plan specific to corrections that your jurisdiction and Department have completed.

If you have sent in a plan, we are asking your permission to share it with the Pandemic Consortium who may post it on the BJA website. **Please contact Jennifer Raley at jralew@asca.net to respond with your permission to post or your desire not to do so.**

Why Should Corrections Be So Concerned?

We all know about the *possibility* of a Pandemic, but it seems so far away and so remote that it slips to the back of our minds. While some of the reasons pandemic planning should be important are not novel or surprising, we could all use a little reminding. Here are some reasons it should stay a little closer to the front of our minds:

There is currently no vaccine for the A/H5N1 strain of the Avian flu, and humans do not have the immunological strength to fight it without antibodies in our systems.

(From IDCR Oct./Nov. 2006; by Rachel Swartz). Many incarcerated persons may be at relatively higher risk for influenza infection. According to the American College of Physicians (2001), the incarcerated population is disproportionately made up of members of vulnerable and underserved groups and is primarily male, minority, and younger adult but with a growing number of elderly inmates. Many inmates suffer from immunological and infectious diseases including HIV/AIDS, Hepatitis C Virus infection, tuberculosis and others.

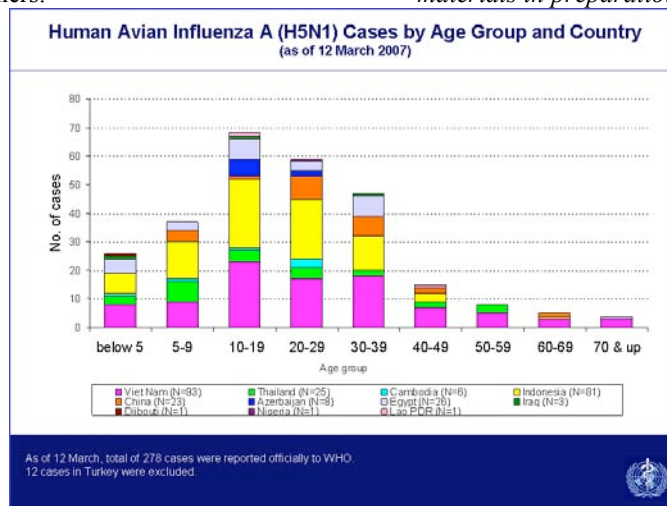
The world's supply of vaccines and anti-virals, when produced, will be vastly insufficient and inadequate. Even *if* our correctional officers – those on the front lines dealing with hundreds to thousands of inmates in close quarters every day – are granted access to the vaccine, the inmates will be considered a relatively low priority in society, and will likely be skipped over when vials of the vaccine are allocated. Anti-virals and vaccines may be rationed, and prisoners, despite their heightened risk for infection, are at risk for being passed over. This causes a quick domino effect:

- Risk to staff is intensified; Absentee rates skyrocket; Staff's family members get sick; They in turn pass it to their social groups; Meanwhile inmates are not properly supervised; Social Distancing is not able to be enforced; New inmates are introduced into the population; Infection spreads; and so on...

Most pandemic influenza models assume that hospitals and other health care facilities will be ill-equipped to respond to a pandemic. Within a short time of the onset of the disease in the population, such centers will be overwhelmed by the influx of patients and by the high absentee levels among staff. These strains on the health care infrastructure will have implications for correctional facilities.

Under such conditions, hospitals may be unlikely to accept patients from corrections facilities for treatment. Even if hospital transfer is an option, shortages of custody staff stretched thin by increased inmate hospitalization and illness among their own ranks would make it extremely difficult to provide the security needed to make patient transfers possible.

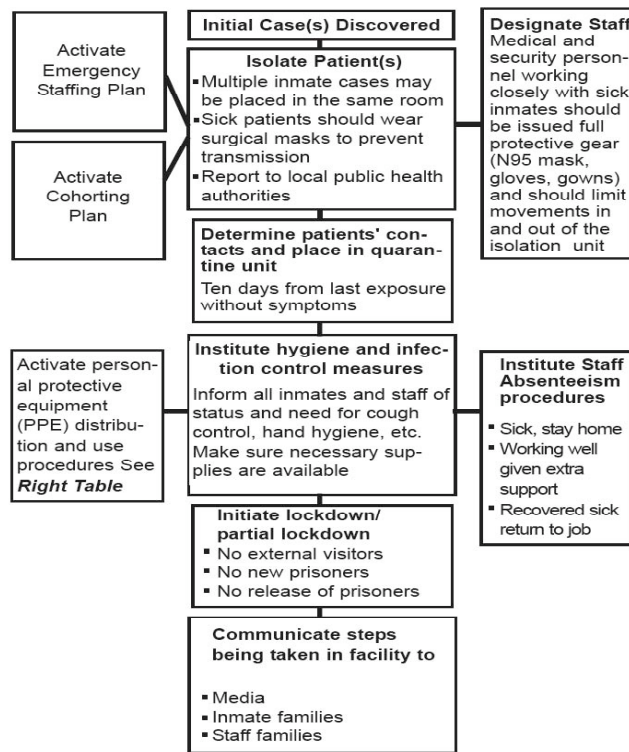
Has your jurisdiction begun to stockpile masks, gloves, cleaning supplies and other prophylactic materials in preparation for a pandemic?



**From Infectious Diseases in Corrections Report
Oct./Nov. 2006, Volume 9, Issue 10**

<http://www.idronline.org/archives/octnov06/article.html>

**An Approach to Immediate Response to First Pandemic
Influenza in Corrections Facilities**



Safety Tips for Correctional Institutions

1. Education, Education, Education

- Teach Staff and Inmates proper procedures in the event of an influenza pandemic to mitigate the spread of infection within the institution. Educational methods need not breed paranoia, but instead should encourage safe habits and behaviors that will translate to a pandemic situation.

2. Hygiene

- Maintain access to soap and water for inmates, even during lockdown situations. Good personal hygiene will help to lessen the spread of infection.

3. Hand-washing

- Teach, encourage, and monitor proper hand-washing techniques, even before an influenza outbreak, to create healthy and safe habits of staff and inmates.

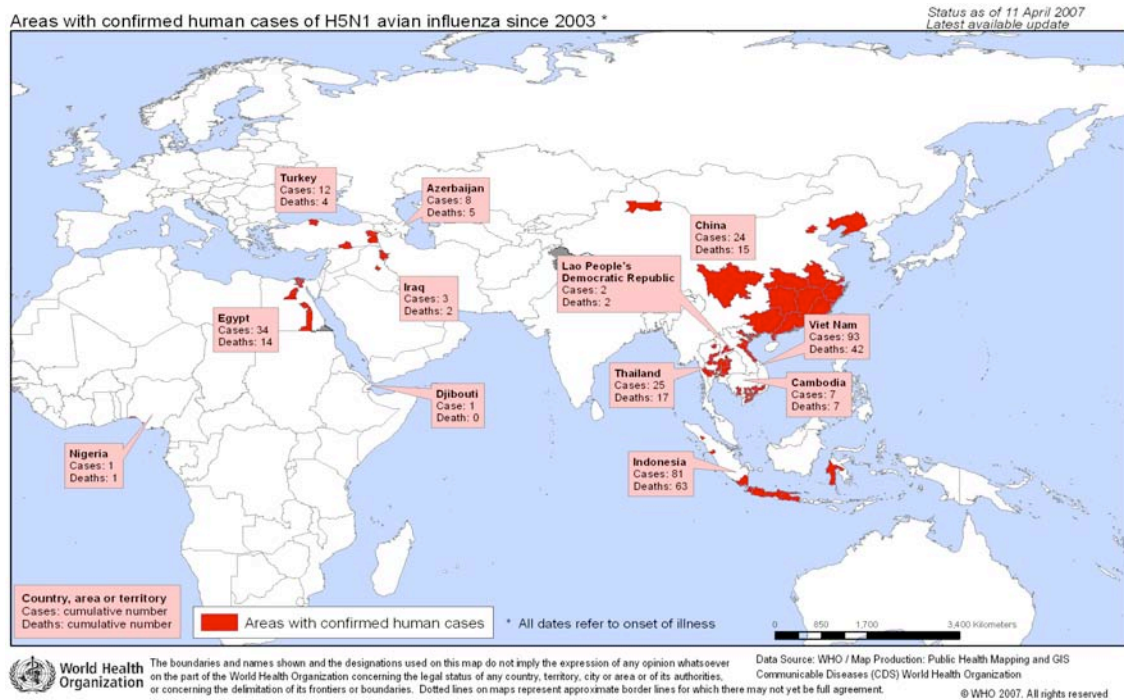
4. Social Distancing

- Set barriers and safety precaution procedures to limit contact between individuals in a close community such as a prison or jail. Education about the spread of infection will serve to enlighten staff and inmates about the benefits of social distancing during a pandemic.

Public Health Resources

The U.S. Government's one stop site for avian and pandemic flu information is: <http://www.pandemicflu.gov>

World Confirmed Human Avian Influenza Virus Cases, from:
http://gamapserv.who.int/mapLibrary/Files/Maps/Global_H5N1inHumanCUMULATIVE_FIMS_20070411.png



Cumulative Number of Confirmed Human Cases of Avian Influenza A/(H5N1) Reported to WHO As of April 11, 2007- from http://www.who.int/csr/disease/avian_influenza/country/cases_table_2007_04_11/en/index.html

Country	2003		2004		2005		2006		2007		Total	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Azerbaijan	0	0	0	0	0	0	8	5	0	0	8	5
Cambodia	0	0	0	0	4	4	2	2	1	1	7	7
China	1	1	0	0	8	5	13	8	2	1	24	15
Djibouti	0	0	0	0	0	0	1	0	0	0	1	0
Egypt	0	0	0	0	0	0	18	10	16	4	34	14
Indonesia	0	0	0	0	20	13	55	45	6	5	81	63
Iraq	0	0	0	0	0	0	3	2	0	0	3	2
Lao People's Democratic Republic	0	0	0	0	0	0	0	0	2	2	2	2
Nigeria	0	0	0	0	0	0	0	0	1	1	1	1
Thailand	0	0	17	12	5	2	3	3	0	0	25	17
Turkey	0	0	0	0	0	0	12	4	0	0	12	4
Viet Nam	3	3	29	20	61	19	0	0	0	0	93	42
Total	4	4	46	32	98	43	115	79	25	12	288	170

KEEPING INFORMED

Additional Recent Cases

*Since Volume I of this newsletter, additional cases of human infection with the A/H5N1 virus have been confirmed in Cambodia and Egypt, and the chart above has been updated to reflect these changes.

To keep up-to-date with new cases, see:

http://www.who.int/csr/disease/avian_influenza/en/index.html

Vaccine News

- On March 27th, Indonesia announced that it will share influenza virus samples with other nations in an effort to develop a vaccine for Avian Flu. This is a positive step toward cooperation and the ability to prepare for a pandemic. To read more, go to: www.hhs.gov/news/press/2007pres/20070327.html
- WHO is expected to expand development of the vaccine in light of the world's insufficient current capacity to produce adequate amounts.

To read more, go to: www.hhs.gov/news/press/2007pres/20070323.html

Respirator Masks:

N95 Respirator



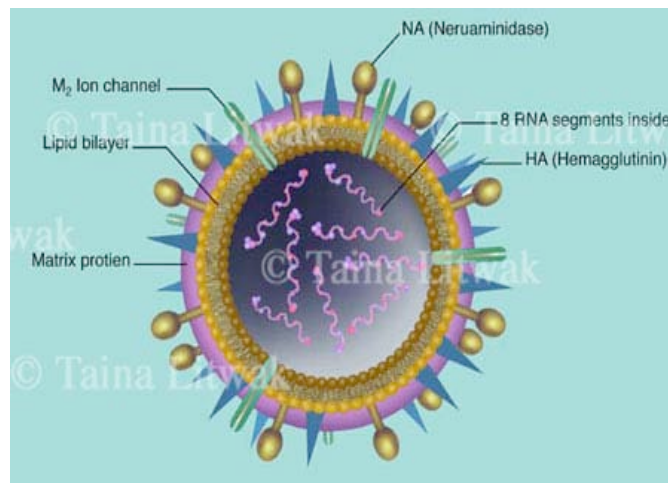
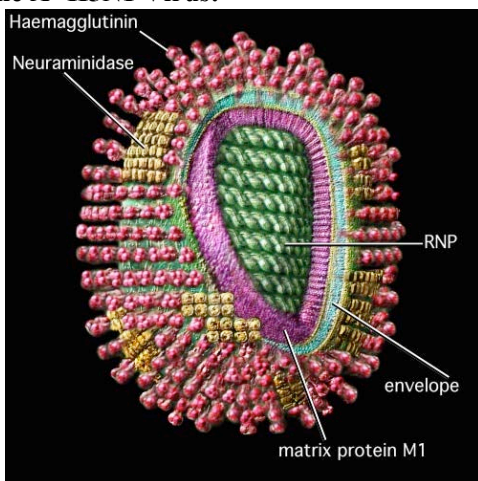
N95 Mask



N100 Particulate Respirator P100 Particulate Respirator



The A- H5N1 Virus:



State Plans

States are producing emergency preparedness plans for the entire state in the event of a pandemic. These are not corrections-centered plans, but can be used as a resource and starting point for information, organization, and key topics to include in plans for corrections. All state plans can be found at:

www.pandemicflu.gov/plan/states/stateplans.html

More Resources

World Health Organization (WHO) FAQ:

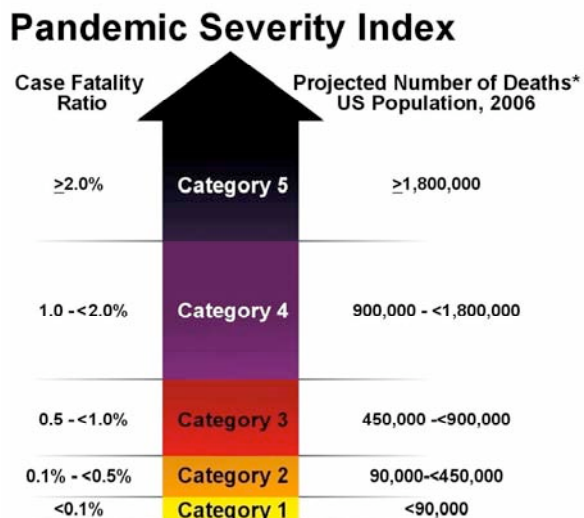
http://www.who.int/csr/disease/avian_influenza/avian_faqs/en/index.html

WHO Recommended Actions for Responding to the Pandemic Threat:

http://www.who.int/csr/resources/publications/influenza/WHO_CDS_CSR_GIP_2005_8/en/index.html

Lessons Learned

Fran Schmitz, Crisis Management Coordinator in the Counterterrorism Section of the U.S. Department of Justice, gave a presentation to the BJA Pandemic Consortium Group on Community Mitigation and provided information on the various community measures that would be taken based on the severity level of the outbreak. The Pandemic Severity Index is shown below:



* Assumes 30% Illness Rate

Community Strategies by Pandemic Flu Severity (2)

Interventions by Setting	Pandemic Severity Index		
	1	2 and 3	4 and 5
Workplace/Community Adult social distancing –decrease number of social contacts (e.g., encourage teleconferences, alternatives to face-to-face meetings) –increase distance between persons (e.g., reduce density in public transit, workplace) –modify, postpone, or cancel selected public gatherings to promote social distance (e.g., stadium events, theater performances) –modify workplace schedules and practices (e.g., telework, staggered shifts)	Generally not recommended	Consider	Recommend
	Generally not recommended	Consider	Recommend
	Generally not recommended	Consider	Recommend
	Generally not recommended	Consider	Recommend

The tables below and on the following page outline the measures to be taken at home, in schools, and the workplace based on the severity level of the outbreak. Obviously, some of the measures recommended for the workplace will not be possible in correctional institutions. The closing of schools and public transportation will also directly impacting corrections settings by the reduction in the number of staff available to maintain operations.

ASCA is working on developing tools and information that will aid corrections administrators in planning for continuity of operations with various reductions in the size of the workforce in the event of a pandemic flu outbreak. Such plans are unique in that unlike most other emergencies we have experienced, the measures required for social distancing across our society in the Pandemic Outbreak will severely impact systems that corrections depends on such as transportation, deliveries, MIS systems, web access, etc.

Interventions by Setting	Pandemic Severity Index		
	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 Voluntary quarantine of household members in homes with ill persons (adults and children); consider combining with antiviral prophylaxis if effective, feasible, and quantities sufficient	Recommend	Recommend	Recommend
School Child social distancing –dismissal of students from schools and school-based activities, and closure of child care programs –reduce out-of-school contacts and community mixing	Generally not recommended	Consider	Recommend
	Generally not recommended	Consider: ≤ 4 weeks	Recommend: ≤ 12 weeks
	Generally not recommended	Consider: ≤ 4 weeks	Recommend: ≤ 12 weeks

Planning for Pandemic Flu Check List

NIC has worked closely with academia and other Federal Partners to develop plans for prevention, early detection, and treatment appropriate to any infectious agent emergency including other contagious diseases such as Ebola Virus Hemorrhagic Fevers, drug resistant Staphylococcus, and drug resistant TB. The updated check list and specific suggestions for dealing with a Pandemic Emergency will be sent out to members in the next few days.

The full document: *Interim Pre-pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States - Early Targeted Layered use of Non-Pharmaceutical Interventions* is available at:

http://www.pandemicflu.gov/plan/community/community_mitigation.pdf

Historic Pandemics

Scott McPherson, formerly with the Florida Department of Corrections, prepared a presentation titled, *Corrections Agency and IT Preparations for Pandemic Influenza* in 2006. The presentation covers the steps corrections agencies need to take to prepare for an influenza pandemic. Topics discussed include: historic pandemics; why H5N1 Avian Influenza is of concern; issues surrounding pandemic influenza; at less risk and more risk in 2005 than in 1918; possible scenarios; how bird flu is monitored; preparedness to maintain essential services; thorny human resources (HR) issues; Communication Plan; Continuity of Operations Plan

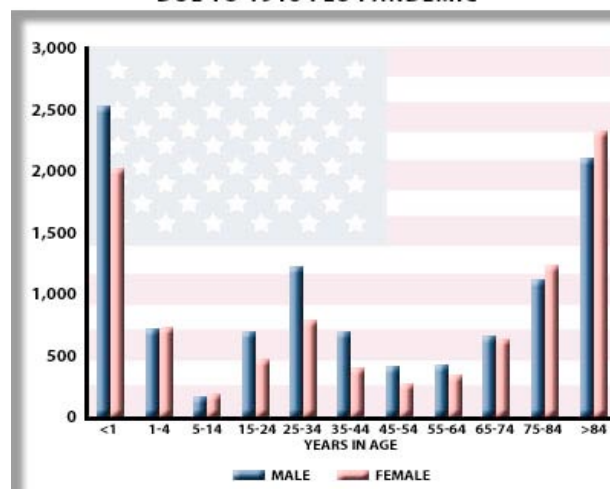
(COOP); information technology (IT) issues to consider; and during the event. The full presentation is available on NIC’s website” Accession Number: 021463, <http://nicic.org/Library/021463>.

Some of the historic Pandemics highlighted include:

1918-1919 Spanish Flu

- Type A virus (H1N1)
- >50 million deaths worldwide
- 700,000 deaths in the United States
- Nearly half were young, healthy adults

AMERICAN MORTALITY RATES PER 100,000 DUE TO 1918 FLU PANDEMIC



1968-1969 Hong Kong Flu

- Type A virus (H3N2)
- First detected in Hong Kong early 1968
- Spread to U.S. later that year
- Approx 34,000 deaths in the United States
- Our seasonal flu kills 36,000
- Virus still circulating today

The pandemic that wasn't: Swine Flu, 1976

- In 1976, an Army recruit died of swine flu, and some scientists predicted a pandemic.
- President Gerald Ford ordered enough vaccine to protect the entire country, saying in 1976: "No one knows exactly how serious this threat (Swine Flu) could be." President Ford added, "Nevertheless, we cannot afford to take a chance with the health of our nation."
- Swine flu never reappeared, but 40 million Americans got shots and a few developed a rare paralytic disease called Guillain Barre syndrome. The vaccination program was ended. But then regular flu broke out and the only vaccine available was mixed with swine flu. The vaccine was distributed and heads rolled.

H5N1 Avian Influenza

Hong Kong 1997

- 18 human cases, 6 deaths
- 1.4 million birds destroyed

Dec. 2003: Asia

- Ongoing extensive outbreak in poultry
- Limited human to human transmission
- 125 human cases, 64 fatal

July-Aug 2005 Kazakhstan, Russia

October 2005 Turkey, Romania, Russia

Concern with Avian Influenza

- Virus mutates rapidly
- Has shown ability to acquire genes from viruses infecting other species
- H5N1 has acquired some of genetic changes in the 1918 virus associated with human-human transmission
- Causes severe disease in humans
- High fatality rate

