

STATE OF ALASKA

DIVISION OF PUBLIC HEALTH

**PANDEMIC INFLUENZA
RESPONSE PLAN**

July 2007

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Alaska Pandemic Influenza Plan

The total number of Alaskans who were stricken by Spanish influenza between October 1918 and April 1919 is beyond the reach of any but the wildest kind of speculation.

America's Forgotten Pandemic: The influenza of 1918
Alfred W. Crosby, 1989

I. INTRODUCTION TO INFLUENZA PANDEMICS

Unlike influenza epidemics, which occur seasonally and result in an average of 36,000 deaths in the U.S. each year, influenza pandemics (global epidemics) occur sporadically, and have the potential to result in hundreds of thousands of deaths nationally over the course of one year. During the 20th century there were three influenza pandemics, the most severe of which occurred in 1918-19 and caused over 500,000 deaths in the U.S. and more than 50 million deaths worldwide.

Influenza pandemics occur 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 vulnerable to infection. These major changes emerge by at least two mechanisms: genetic recombination and adaptive mutation. Of the three influenza pandemics in the 20th century, two (1957 and 1968) occurred as a result of major changes in the genetic composition of the virus through the recombination of genetic elements from avian and human influenza strains, and one (1918) occurred as a result of adaptive mutations that allowed the virus to be efficiently transmitted first from birds to humans and then from person-to-person.

At some point in the future, the world will be faced with another pandemic caused by a novel strain of influenza virus that spreads rapidly and causes extraordinarily 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 health care services throughout affected regions. Furthermore, it is currently estimated that it will only take one to six months from the time the pandemic is identified to the time that the first outbreak will occur in Alaska, provided the pandemic does not start in Alaska. Because no one can predict exactly when or where the next influenza pandemic will occur, and 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.

II. ABOUT THE PLAN

The first Alaska Pandemic Influenza Response Plan was published in March 2005. Updated drafts have been published as additional information has become available and the plan exercised:

- January 2006 draft: updated to reflect information and recommendations included in the U.S. Department of Health and Human Services Pandemic Influenza Plan.
- May 2006 draft: includes Supplement C (guidelines for specimen collection and laboratory testing) and updated text on Department of Health and Social Services authority under Alaska Statute.

- August 2006 draft: includes updated text in Supplement A and E, in addition to Supplement F.
- June 2007 draft: includes revisions to Supplements A thru C, E and F and a new Supplement D. Also word clarification and grammar within the remainder of the document.

This plan describes a coordinated strategy to prepare for and respond to an influenza pandemic. The plan addresses five key pandemic preparedness and response elements:

This plan describes a coordinated strategy to prepare for and respond to an influenza pandemic. The plan addresses five key pandemic preparedness and response elements.

- *Surveillance and Investigation*--This element involves developing adequate surveillance for and rapid identification and isolation of persons infected with a novel strain of influenza virus through various mechanisms (e.g., expanding the number of existing sentinel surveillance sites, improving school absenteeism reporting, and obtaining the appropriate clinical specimens for laboratory culture).
- *Health-Care Systems*--This element involves educating health-care providers throughout Alaska on the diagnosis and management of pandemic influenza and on appropriate infection control strategies that will minimize the risk of viral transmission in the face of an influenza pandemic.
- *Community and State Disease Control Strategies*--This element involves developing appropriate community-wide strategies that help prevent or delay viral transmission in communities, in non-health-care institutions, and in households. Examples of such strategies include educating the community about social distancing, disseminating travel advisories, screening persons arriving from affected areas, closing schools, restricting public gatherings, using alternate care sites and quarantining exposed persons. The application of these interventions will be guided by the evolving epidemiologic pattern of the pandemic and by recommendations from federal and international authorities.
- *Vaccines and Antivirals*--This element involves providing appropriate prophylaxis to those who are at risk for infection and treatment to those who have already become infected. Planning by public and private health officials is needed to assure optimal use of available vaccine and drugs, whether from national stockpiles, state stockpiles, or private sector inventories.
- *Communications*--This element involves collaborating with health-care providers, local government, community leaders, and the media in providing timely information and preparedness recommendations for the public.

The Alaska Pandemic Influenza Response Plan was prepared utilizing documents from the following: the National Immunization Program, Centers for Disease Control and Prevention (CDC); the World Health Organization (WHO); the U.S. Department of Health and Human Services Pandemic Influenza Plan (HHS)¹² November 2005; and Pandemic Influenza Plans produced by North Carolina, British Columbia and Seattle & King County, Washington. The Alaska Pandemic Influenza Plan is an annex to the Division of Public Health Emergency Operations Plan (DPH EOP).¹

III. PURPOSES

- To reduce morbidity and mortality, preserve continuity of essential government functions, and minimize the social and economic impact of an influenza pandemic in Alaska
- To define the roles, responsibilities, and actions of key stakeholders during the Interpandemic and Pandemic Alert Period (WHO Phases 1-5) and Pandemic Period (WHO Phase 6)
- To serve as a guide for local health care partners, response agencies, and businesses in the development of local pandemic influenza response plans

IV. 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
- Providing services to isolated populations in rural Alaska is a crucial part of planning for pandemic influenza, just as it is for other emergencies
- Communities across the state and the country may be impacted simultaneously
- There could be significant disruption of public and privately owned critical infrastructure
- The strain of influenza that will cause the next influenza pandemic, its pathogenicity, and the time and place of emergence cannot be determined in advance
- Alaska may not be able to rely on resources from other states, Canada or the Federal government
- The number of ill people requiring outpatient medical care and hospitalization may overwhelm the state's health care 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
- Drafting, exercising, and executing this plan in collaboration with tribal health organizations will be crucial in assuring adequate medical care and supplies to remote villages
- Federal and State declarations of emergency will change legal and regulatory aspects of providing public health services during a pandemic
- The State will activate the Division of Public Health's Emergency Operation Plan Annex; therefore, this plan needs to be collaboratively reviewed, exercised and modified annually
- Maintaining social order and compliance with health recommendations during a pandemic might prove to be problematic

V. IMPACT OF PANDEMIC INFLUENZA IN ALASKA

Although there is no way to fully predict the impact of an influenza pandemic on Alaskans, CDC has developed software, called FluAid, to assist local pandemic planners in establishing a range of estimates of impact in terms of deaths, hospitalizations, and outpatient visits due to a future pandemic influenza strain circulating in their community. This software may be downloaded from the following weblink: www2.cdc.gov/od/fluaid/default.htm.

Attack rate of 30%

HHS estimates of Percent of Population Affected by next Pandemic	Number affected in Alaska (Pop. 650,000)	Number affected in your Community (Pop. 350,000)	Number affected in your Community (Pop. 80,000)	Number affected in your Community (Pop. 5,000)
Up to 30% of pop. will become ill with flu	195,000	105,000	24,000	1,500
Up to 15% of pop. will require out-patient visits	97,500	52,500	12,000	750
Up to 0.3% of pop. will require hospitalization	1,950	1,050	240	15
Up to 0.1% of pop. will die of flu-related causes	650	350	80	5

Attack rate of 50%

HHS estimates of Percent of Population Affected by next Pandemic	Number affected in Alaska (Pop. 650,000)	Number affected in your Community (Pop. 350,000)	Number affected in your Community (Pop. 80,000)	Number affected in your Community (Pop. 5,000)
Up to 50% of pop. will become ill with flu	325,000	175,000	40,000	2,500
Up to 25% of pop. will require out-patient visits	162,500	87,500	20,000	1,250
Up to 3% of pop. will require hospitalization	19,500	10,500	2,400	150
Up to 2.5% of pop. will die of flu-related causes	16,250	8,700	2,000	125

VI. FEDERAL ROLES

An influenza pandemic will represent a national health emergency requiring a coordinated response. As outlined in Homeland Security Presidential Directive 5 (available at: http://www.fema.gov/pdf/reg-ii/hspd_5.pdf), the Department of Homeland Security has the primary responsibility for coordinating domestic incident management and will coordinate all non-medical support and response actions across all federal departments and agencies. The U.S. Department of Health and Human Services (HHS) will coordinate the overall public health and medical emergency response efforts across all federal departments and agencies. Authorities exist under the Public Health Service Act for the HHS Secretary to declare a public health emergency and to coordinate response functions.

In addition, the President can declare an emergency and activate the Federal Response Plan, in accordance with the Stafford Act, under which HHS has lead authority for Emergency Support Function #8 (ESF8).

HHS response activities will be coordinated in the Office of the Assistant Secretary for Public Health Emergency Preparedness in collaboration with the Office of the Assistant Secretary for Public Health and Science and will be directed through the Secretary's Command Center. The Command Center will maintain communication with HHS agency emergency operations centers and with other Departments.

HHS agencies will coordinate activities in their areas of expertise. Chartered advisory committees will provide recommendations and advice. Expert reviews and guidance also may be obtained from committees established by the National Academy of Sciences, Institute of Medicine or in other forums.

VII. STATE ROLES

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. Specific Alaska Division of Public Health responsibilities include:

- Prepare and maintain a public health Pandemic Influenza Response Plan as Annex to the DPH Emergency Operations Plan
- In conjunction with DHS & EM, maintain an interagency incident management team (IMT).
- Identify public and private sector partners needed for effective planning and response
- Develop key components of pandemic influenza preparedness: surveillance and investigation, distribution of vaccine and antivirals, health care systems including infection control, isolation and quarantine, community and state disease control strategies including social distancing and communications
- Integrate pandemic influenza planning with other planning activities conducted under CDC and Health Resources and Services Administration (HRSA) bioterrorism preparedness cooperative agreements with the State of Alaska
- Coordinate with local areas to ensure development of local plans as called for by the state plan and to provide resources, such as templates to assist in the planning process
- Coordinate with the Municipality of Anchorage Department of Health and Human Services in planning pandemic services and activities
- Coordinate with the Department of Environmental Conservation (DEC) for animal health issues related to pandemic influenza
- Coordinate with tribal health organizations to ensure equitable delivery of medications, vaccine, and other health services to Alaska Natives
- Develop data management systems needed to implement components of the plan
- Assist local areas, the Alaska State Hospital and Nursing Home Association Preparedness Program, and other organizations in exercising plans
- Coordinate with the Division of Behavioral Health
- Coordinate with the adjoining jurisdictions of British Columbia, Yukon Territory, and Washington State

VIII. PHASES OF AN INFLUENZA PANDEMIC

WHO has developed a global influenza preparedness plan that presents a classification system comprised 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 periods in the HHS Influenza Plan that determine the pandemic response level for the United States correspond to the WHO pandemic phases. The Alaska Pandemic Influenza Plan utilizes the WHO and HHS phases by combining them into two periods: the Interpandemic and Pandemic Alert Period (WHO's Phases 1-5; HHS Interpandemic and Pandemic Periods) and the Pandemic Period (WHO's Phase 6; HHS Pandemic Period).

IX. COMMAND, CONTROL, AND MANAGEMENT PROCEDURES

Existing command and control system structures will be applied to pandemic influenza (State of Alaska Division of Public Health Emergency Operations Plan, Annex A). The Alaska Pandemic Influenza Plan delineates operational priorities and key agencies and personnel who 1) make public health and health care decisions related to the response to pandemic influenza; 2) prepare and maintain the state plan; 3) make major policy decisions; 4) ensure coordination among affected units; 5) maintain lists of key partners; and 6) mobilize additional resources.

The State of Alaska Director of Public Health will declare when it is time to activate plans for the Pandemic Period. The plans will need to be adapted to reflect circumstances and situations as they arise, see Supplement F

Integration and coordination of state and local community response plans is critical to assure effective implementation of response activities and delivery of quality medical care in the context of increased demand for services. The checklist (Supplement Y) can be used to help local emergency planners identify areas that need to be addressed in the development of a community pandemic influenza plan.

X. KEY PANDEMIC RESPONSE ELEMENTS

A. SURVEILLANCE AND INVESTIGATION

Key questions to be answered by surveillance during a pandemic include:

- Has the novel virus emerged?
- Has the pandemic reached Alaska?
- How severe is the disease?
- Where is disease activity and is it increasing or decreasing?
- How many persons are estimated to be infected, hospitalized, or dead?
- Which population groups are most severely affected?

1. National influenza surveillance involves the following:

- **Outpatient surveillance:** The Sentinel Provider Network is nationwide network of over 2,300 health care providers who report the weekly number of outpatient visits for influenza-like illness and submit specimens from a subset of these patients to be tested for influenza in state health laboratories.
- **Hospital surveillance:** The Emerging Infections Program Influenza Project monitors hospitalization of children aged <18 years with laboratory-confirmed influenza in 11 communities. The New Vaccine Surveillance Network monitors hospitalization of children aged <5 years with laboratory-confirmed influenza in three communities.
- **Mortality surveillance:** The 122 Cities Mortality Reporting System accepts reports from vital statistics offices on the percentage of flu-related and pneumonia deaths in 122 U.S. metropolitan areas (none in Alaska) to CDC weekly. The National Notifiable Disease Surveillance System receives reports from state health departments on influenza-related deaths among children.

- **State-level assessments:** These are weekly reports from state, territorial, and large city health departments on the overall level of influenza activity within their jurisdictions.

2. Alaska influenza surveillance involves the following:

- **Viral Culture Sentinel Program with CDC:** The Alaska State Virology Laboratory (ASVL) participates in the U.S. WHO collaborating laboratories influenza virus surveillance program. ASVL isolates and subtypes influenza viruses year-round and reports these data weekly to CDC. There are at least 15 health care providers distributed throughout Alaska that function as sentinel viral culture influenza providers. Sentinel providers are mailed influenza viral culture testing kits and instructions at the beginning of June for summer surveillance and a different set of providers are provided kits in October for the traditional influenza season. Guidance to all providers is given via the service manual, phone calls, weekly reports to health care providers, and bulletins. The ASVL accepts viral cultures from any health care provider free of charge in Alaska.
- **Influenza-like Illness Surveillance:** An influenza sentinel provider conducts surveillance for influenza-like illness in collaboration with the Alaska Division of Public Health and CDC. During the influenza season, sentinel providers report the total number of patient visits each week and the number of patient visits for influenza-like illness by age group (0-4 years, 5-24 years, 25-64 years, \geq 65 years). These data are transmitted once per week to a central data repository at CDC via the Internet, a touch-tone telephone, or fax.
- **Influenza Activity as Assessed by State and Territorial Epidemiologists:** Each week during the traditional influenza season (Oct–May), all states review their weekly morbidity data of influenza reports to determine if there is any influenza activity and how many regions of the state are affected. This is then reported electronically to CDC as: no sporadic, local, regional, or widespread activity.
- **Influenza-Associated Pediatric Death Reporting:** In October 2004, influenza-associated pediatric mortality was added to the list of nationally notifiable diseases. An *Epidemiology Bulletin* was released in November 2004 requesting Alaska providers to report any pediatric death associated with influenza. All pediatric deaths with respiratory illness are to have specimens obtained for influenza testing and the ASVL will notify the influenza coordinator in Epidemiology of the results.

B. HEALTH CARE SYSTEMS

Combined with a concurrent reduction in the workforce due to illness, absenteeism, family responsibilities, and exhaustion during an influenza pandemic, shortages in health care professionals throughout Alaska make personnel surge capacity one of our greatest challenges. Thus, identification of sources of back-up personnel and development of volunteer lists are critically important tasks. In addition, as hospital beds become filled, alternate care sites and overflow locations will need to be established in order to provide adequate care to ill persons and to prevent further spread of infection (Annex G).¹ Finally, maintaining infection control measures throughout the pandemic will require training and supplies at the local level.

Emergency response, including maintenance of critical services and surge capacity in the health care system, is addressed in the CDC and HRSA cooperative agreements. Statewide pandemic planners will need to collaborate with the aforementioned federal planning groups to ensure that their plans and exercise scenarios corroborate with one another.

See U.S. Health and Human Services Pandemic Influenza Plan Supplement 3 & 5 “Health Care Planning and Clinical Guidelines”; and <http://www.cdc.gov/flu/professionals/infectioncontrol/> for general influenza infection control recommendations

1. [HTTP://WWW.HSS.STATE.AK.US/DPH/DPHPP/EOP/PDFS/ANNEX_G.PDF](http://www.hss.state.ak.us/dph/dphpp/eop/pdfs/annex_g.pdf)

C. COMMUNITY AND STATE DISEASE CONTROL STRATEGIES

Implementing community and state disease control strategies to decrease the spread of influenza may reduce the number of people infected early in the course of the outbreak, before vaccines are available for prevention. Important control strategies include issuing travel advisories and precautions, screening persons arriving from affected areas, social distancing and isolating ill persons and quarantining exposed persons. These strategies will be applied in Alaska based upon the evolving epidemiologic pattern of the pandemic and recommendations from federal and international authorities.

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. Social distancing involves implementing measures such as closing public and private schools and colleges; implementing emergency staffing plans for the public and private sector, including increasing telecommuting, flex scheduling and other options; closing public gathering places; promoting respiratory hygiene/cough etiquette; and curtailing or suspending non-essential government functions.

In the event of workplace closures, there are some services (and personnel) in the non-health sector that are critical for community functioning (i.e., services that, if interrupted, would pose a serious threat to public safety or would significantly interfere with the ongoing response to the pandemic), such as highly specialized workers in public safety, utility, transportation and food service industries. Priority group designations for vaccine and antivirals may differ in Alaska from those in other states. Examples of such unique, special-skill groups in Alaska might include bush pilots, oil pipeline workers, air traffic controllers at major airports, and workers who operate major telecommunications or electrical grids, ferry workers, or village public safety officers. State and local officials will carefully consider which services (and key personnel within relevant firms or organizations) are "essential" and ensure that these services are provided as needed.

See U.S. Health and Human Service Pandemic Influenza Plan Supplement 8, "Community Disease Control and Prevention"; and Alaska Division of Public Health Emergency Operations Plan Annex G – "Mass Casualty and Fatality Plan Appendix 1-Alternate Care Sites"; and Annex H – "Mental Health"

ISOLATION AND QUARANTINE

Isolation refers to the separation and restriction of movement or activities of ill persons (patients) who have a contagious disease, for the purpose of preventing transmission to others. Quarantine refers to the separation and restriction of movement or activities of persons who are not ill, but who are believed to have been exposed to infection, for the purpose of preventing transmission of disease.

The decision to use isolation and quarantine authorities during an influenza pandemic may depend in part on the transmission rate of the pandemic virus, the susceptibility of the population, the geographic distribution of the influenza-infected persons and the severity of illness associated with infection. All of these parameters may change in the course of a pandemic and would require frequent re-evaluation as the pandemic progresses.

See U.S. Health and Human Service Pandemic Influenza Plan Supplement 8, "Community Disease Control and Prevention"; and Division of Public Health Pandemic Influenza Response Plan Supplement D – "Community and State Disease Control Strategies"
Alaska's Public Health laws can be found
at: <http://www.legis.state.ak.us/PDF/24/Bills/HB0095Z.PDF>.

D. VACCINE DISTRIBUTION AND USE

The distribution and use of pandemic influenza vaccine will differ from that of the annual influenza vaccine in several ways. Unlike the annual production of influenza vaccine, wherein strains are selected in the spring, leading to vaccine distribution in the late summer, a pandemic strain could be detected at any time; therefore, the production and distribution of vaccine will occur accordingly. Furthermore, the availability of the pandemic influenza vaccine will be low, especially at the beginning of the pandemic because the current manufacturing procedures require 4-6 months before large amounts of vaccine are available for distribution, and the vaccine will likely be recommended for most or all of the population.

Because a final decision regarding the amount of pandemic influenza vaccine that will be purchased during a pandemic may not be made until the vaccine is being actively produced, plans for delivery and administration of vaccine should address the different possible scenarios including complete federal purchase and distribution to states, partial federal purchase with distribution to states, and minimal federal purchase (similar to the annual influenza vaccination program). In most states, influenza vaccine is administered primarily through the private sector. In Alaska, distribution is more evenly divided between public and private sectors. In more rural areas of the state, the public sector (including both public health centers and Alaska Native health corporations) provides the only available health care.

Given the magnitude of the vaccination effort during a pandemic, plans need to encompass both the private and public sectors, and coordination with and education of the private sector is an important aspect of planning. Because of the anticipated vaccine shortage, priority groups for vaccination will be identified (Supplement B). As information about the impact of the novel virus becomes available, recommendations will be formulated at the national level, and may need to be adjusted at the state level, depending on local factors.

Educating the public and the health care community about the rationale for priority groups, once priority groups have been determined, will be an important aspect of communications. The need to prioritize vaccine use will require substantial public education and adequate security measures.

Eventually, sufficient vaccine will be available for mass vaccination of the population. Given the magnitude of the vaccination effort, detailed planning needs to occur at the local as well as at the state level. A central aspect of planning will be determining how public and private sectors will work together to manage this effort and accomplish this goal.

Monitoring for vaccine adverse events will be necessary and could, to some extent, build upon the infrastructure now in place as a result of the smallpox vaccination program. In the traditional VAERS (Vaccine Adverse Event Reporting System) process, providers report directly to the VAERS contractor at the national level with subsequent feedback to the state. Alaska has modified this process by asking providers to submit reports through the Alaska Immunization Program. Although some providers continue to report directly to the national system, these reports ultimately are forwarded to the Immunization Program. For pandemic influenza, Alaska may wish to emphasize this state-reporting mechanism so that key public health personnel may be more directly involved in the reporting and any needed investigations. At a minimum the Immunization Program Manager and/or the Adverse Events Coordinator (state VAERS contact) should be involved in planning for the use and monitoring of vaccines.

During the inter-pandemic period, efforts to increase pneumococcal polysaccharide vaccination that can reduce the incidence of invasive pneumococcal disease secondary to influenza should be emphasized. Because large-scale pneumococcal vaccination may not be feasible once a pandemic has occurred, the inter-pandemic period is the ideal time to deliver this preventive measure.

See State of Alaska Division of Public Health, Emergency Operations Plan Annex F – “Mass Prophylaxis Planning Guide for Procedures of Setting up Mass Vaccination”

E. ANTIVIRALS DISTRIBUTION AND USE

Antiviral medications may play an important role for the control and prevention of influenza prior to the availability of vaccine. Existing production capacity for influenza antiviral drugs is currently less than what would be needed to provide prophylaxis or treatment for the entire population, and the supply of antivirals in the Strategic National Stockpile is limited. Therefore, the development of priority groups and estimates of the number of people in each priority group, based on HHS guidelines, is paramount (Supplement A).

Recommendations for use of antivirals may be updated throughout the course of an influenza pandemic to reflect current epidemiologic and laboratory data. Recommendations may also be updated as an effective influenza vaccine becomes available.

State-based planning for antiviral use should include obtaining antiviral drugs from national, state, and local stockpiles, and then distribute to priority groups by health care providers; data collect on drug use, drug-related adverse events, and drug resistance; coordinating with bordering jurisdictions; legal preparedness; training; and dissemination of public health information.

See U.S. Health and Human Service Pandemic Influenza Plan Supplement 7 – “Antiviral Drug Distribution and Use”; <http://www.hhs.gov/pandemicflu/plan/>; and Alaska Division of Public Health Pandemic Influenza Response Plan Supplement A – “Antiviral Distribution & Use”

F. COMMUNICATION

Through CDC’s Bioterrorism Preparedness and Response cooperative agreement, states are asked to implement a plan for connectivity of key stakeholders involved in public health detection and response among hospital emergency departments, state and local public health officials, law enforcement, and other key participants. The communication system developed will be used for any type of public health emergency, including pandemic influenza.

Key planning activities relate directly to preparation of materials and identification of channels of communication. CDC will make a number of materials available before and during any influenza pandemic, including:

- Basic communication materials (such as question and answer sheets and fact sheets) on influenza, influenza vaccine, antiviral agents, and other relevant topics in various languages
- General preventive measures such as “do's and don'ts” for the general public
- Information and guidelines for health care providers
- Training modules (Web-based, printed, and video)
- Presentations, slide sets, videos, documentaries
- Symposia on surveillance, treatment, and prophylaxis

Alaska Department of Health and Social Services will do the following:

- Identify audiences for community outreach
- Identify and train spokespersons
- Familiarize staff with methods of message dissemination in communities
- Advise stakeholders of marketing strategies through key liaisons
- Conduct meetings with partners, community leaders, legislators and government officials
- Conduct symposia on surveillance, treatment, and prophylaxis
- Identify supplemental resource staff in DHSS
- Train supplemental resource staff to respond in case of public health emergency
- Identify communication methods for message dissemination to all groups (industry, school, health care providers, etc.)
- Work through the Joint Information System with all partner agencies to maximize information dissemination efforts including oral and written messages in major languages spoken in Alaska
- Monitor national media and respond to media requests

- Establish and publicize a pandemic flu website containing up-to-date information.

Because of anticipated shortages of both vaccine and antivirals, and the social distancing measures that may be implemented during pandemic periods, communication will be critical to the success of the plan. Development of accurate and timely messages informing residents about availability of vaccine and the rationale for vaccine priority groups as well as targeted messages about disease prevention and containment measures will be crucial activities during the development and implementation of the plan.

Other important communication issues include:

- Basic information about influenza (including symptoms and transmission)
- Information about the course of the pandemic (contagiousness, geographic spread, case counts)
- Information about which symptoms should prompt seeking medical assistance and which symptoms should be managed at home
- Information about school and business closures and suspended public meetings
- Information about travel restrictions and other social distancing recommendations

See U.S. Health and Human Service Pandemic Influenza Plan Supplement 10, "Public Health Communications", Alaska Division of Public Health, Emergency Operations Plan, Annex B – "Risk Communication and Public Information", Annex H – "Mental-Health" and <http://www.cdc.gov/flu/pandemic.htm>

Interpandemic and Pandemic Alert Period

(WHO Pandemic Alert Level 1-5; HHS - Interpandemic and Pandemic Alert Periods)

A. Surveillance and Investigation

Interpandemic and Pandemic Alert Period

Influenza is not a mandated notifiable disease; however during a pandemic response, CDC may declare the circulating strain causing the pandemic a “disease of public health significance,” requiring health care providers and laboratories to report cases to state health departments. In addition to routine monitoring of infectious and communicable diseases;

The Division of Public Health will:

- Continue virologic surveillance conducted by Alaska State Virology Laboratory - Fairbanks.
- Encourage disease surveillance, conducted by voluntary network of sentinel providers, to report data in a complete and timely manner.
- Monitor and update level of influenza activity within Alaska weekly and post on the Section of Epidemiology Influenza webpage.
- Consider expanding virologic and disease-based surveillance to year-round surveillance.
- Monitor CDC information regarding virologic, epidemiologic and clinical findings associated with new influenza variants isolated.
- Assess quality of surveillance and make recommendations for improvement during the period between pandemic waves and post pandemic.
- Train health care providers on proper investigation of suspect cases.
- Assure Flu Test Kits are available at all hospital labs.
- Maintain flu “To Go Kit” with the Section of Epidemiology and the 23 Public Health Centers.
- Participate in Cross Border Public Health Collaboration meetings.

The Section Chief of the Section of Epidemiology will determine when and how to activate enhanced surveillance under the Pandemic Period

B. Health Care Systems

Interpandemic and Pandemic Alert Period

Infection control principles apply in any setting where persons with pandemic influenza might seek and receive health care services. The State of Alaska adopts Infection Control (Supplement 4) and Clinical Guidelines (Supplement 5) of the U.S. Health and Human Services Influenza Plan, November 2005.

The Division of Public Health will:

- Help educate health care providers about novel and pandemic influenza, including appropriate triage policies and infection control measures.
- Encourage routine influenza vaccination of all health care workers.
- Develop guidelines for prioritization of laboratory services.
- Assist health care providers in determining how staffing needs will be met as number of patients increase and/or staff becomes ill or are quarantined.
- Provide or facilitate testing, management and investigation of suspected patients with novel influenza virus.
- Provide instruction for proper specimen collection and shipping.
- Conduct follow-up of suspected novel influenza cases.
- Update providers regularly as the influenza pandemic unfolds.
- Work with CDC to investigate and report special pandemic situations.

C. Community And State Disease Control Strategies

Interpandemic and Pandemic Alert Period

One of the major strategies of community and state disease control, particularly early in a pandemic, is social distancing.

The State of Alaska adopts Community Disease Control and Prevention (Supplement 8) and Management of Travel-Related Risk of Disease Transmission (Supplement 9) of the U.S. Health and Human Services Influenza Plan, November 2005.

The Division of Public Health will:

- Compare community disease control and current epidemiological data frequently throughout these periods to determine the need to implement various community disease control strategies.
- Update the Commissioner of the Department of Health and Social Services regarding current influenza epidemiology and anticipated impact of pandemic influenza in communities around Alaska.
- Educate elected officials, leaders, school officials, response partners, businesses, media and the general public regarding the impact of a pandemic and the use of community disease control measures/strategies.
- Prepare for implementation of travel-related containment measures:
 - protocols for managing ill passengers at ports of entry;
 - quarantine preparedness at points of entry;
 - legal preparedness;
 - health information for travelers;
 - preventing the importation of infected birds and animals; and
 - evaluation of travel-related cases of infection with novel stains of influenza.

ISOLATION AND QUARANTINE

The Alaska Statute (AS 18.15.390) defines the authority of the Department of Health and Social Services to address public health disasters. In addition, Alaska Statute 18.15.355-18.15.385 define the authority of the Department of Health and Social Services to collect and analyze health information, conduct epidemiologic investigations, institute isolation and quarantine measures, and provide appropriate medical treatment.

The Division of Public Health will:

- Assist hospitals to develop isolation protocols for all patients suspected of being infected with pandemic influenza.
- Develop plans for quarantine of contacts, as appropriate.
- Collaborate with appropriate state, federal, and local jurisdictions
- Provide guidance to assist health care providers and hospitals regarding options for management of health care workers who come in contact with influenza patients or who develop influenza.
- Activate the Division of Public Health Community and State Disease Control Strategies (Supplement D) and the Alternate Care Site Plan (Annex G of the Alaska Public Health Emergency Operations Plan),¹ as needed.

- Recommend that hospitals implement isolation protocols for all patients suspected of being infected with pandemic influenza.
- Coordinate planning efforts for isolation and quarantine with local, state, federal and neighboring jurisdictions, as appropriate.
- Follow CDC guidelines in developing and implementing isolation and quarantine procedures for individuals traveling from areas in which a novel influenza virus is present.

D. Vaccine Distribution and Use

Interpandemic and Pandemic Alert Period

The success of the pandemic influenza vaccination program will be determined in large part by the strength of the vaccination programs conducted and the plans developed during the Interpandemic Period. For example, higher vaccination rates will foster increased familiarity with and public confidence in influenza vaccines and increased use of pneumococcal polysaccharide vaccine may decrease rates of secondary bacterial infections during a pandemic.

The State of Alaska adopts Vaccine Distribution and Use (Supplement 6) of the U.S. Health and Human Services Influenza Plan, November 2005.

The Division of Public Health will:

- Vaccinate against seasonal influenza virus strains and increase use of pneumococcal polysaccharide vaccine.
- Develop processes to identify relevant priority groups for vaccination (Supplement B) and educate stakeholders about the rationale for currently recommended groups.
- Develop estimates of the quantities of vaccine needed for priority groups.
- Develop plans for the procurement and distribution of vaccine contingent upon various levels of federal funding and vaccine availability.
- Identify a state-level coordinator to review existing policies to ensure timeliness and appropriate follow-up of reported vaccine adverse events.
- Coordinate efforts with bordering jurisdictions.
- Prepare for mass vaccination clinics (Annex F of the Alaska Public Health Emergency Operations Plan)¹ against a pandemic influenza virus by:
 - Identifying locations for vaccination clinics in local communities;
 - Determining how persons in vaccine priority groups will be identified at vaccination clinics;
 - Establishing plans for the procurement and distribution of vaccine to clinics, including planning for security of scarce vaccines;
 - Establishing systems to monitor vaccine use, effectiveness and safety, and to collect relevant data in the clinic setting;
 - Implementing the Public Health Communication Plan (Annex B of the Alaska Public Health Emergency Operations Plan)¹;
 - Assuring legal authorities review plans for vaccine distribution and the authority of volunteers and certain medical professionals to provide vaccinations and/or work at the clinics in any capacity; and
 - Conducting training exercises to facilitate rapid and effective delivery and use of vaccines.

E. Antiviral Drug Distribution and Use

Interpandemic and Pandemic Alert Period

The State of Alaska adopts Antiviral Drug Distribution and Use (Supplement 7) of the U.S. Health and Human Services Influenza Plan, November 2005.

The Division of Public Health will:

- Inventory store supplies of antivirals and determine what companies or wholesalers distribute antivirals in the state, including estimated quantities and time-line of supply.
- Procure and maintain stockpile of medical supplies, including antiviral medications.
- Plan and train for the rapid distribution and use of antivirals.
- Review HHS guidelines and the current state antiviral inventory to determine the appropriate use of the limited antiviral supply.
- Determine the number of priority groups that should be covered at the start of the pandemic.
- Prepare to activate state plan for receipt and distribution of antiviral drugs (see Annex F of the Alaska Public Health Emergency Operations Plan).¹
- Use antivirals in medical management of cases of novel strains of influenza.
- Educate the public concerning priority group designations.
- Discontinue antiviral distribution system when no longer needed.
- Recover unused supplies.

F. Communications

Interpandemic and Pandemic Alert Period

Key communications planning activities relate to preparation of materials and identification of channels of communication needed during this period.

DHSS public information staff will:

Plan

- Identify key Joint Information Center staff and operation room(s) within DHSS and Public Information Team.
- Identify supplemental resource staff in DHSS to aid in communication efforts.
- Identify and train spokespersons.
- Identify audiences, plan and implement community outreach.
- Identify communication methods for message dissemination to all groups (e.g., industry, school, health care providers, etc.).
- Establish a telephone hotline for general public information.

Train

- Conduct a Joint Information Center mock training for DHSS, Public Information Team and EOC Public Information Officers.
- Help develop training modules (Web-based, print, and video) for DHSS and other public health staff.
- Train supplemental resource staff to respond in case of public health emergency.

Provide Public Information and Education

- Update CDC materials; prepare, initiate, plan, and coordinate Alaska-specific communication materials.
- Prepare other basic communication materials (fact sheets, FAQs, and talking points in multiple languages and media) on influenza, influenza vaccine, antiviral agents, general preventive measures, and other relevant topics.
- Coordinate with the EOC Joint Information Center and all partner agencies to maximize information dissemination efforts.
- Publicize a pandemic influenza website containing up-to-date information.
- Prepare presentations; slide sets, videos, and documentaries.
- Monitor state and national media and respond to media requests.
- Conduct press conferences as needed.

Provide Community Relations Coordination and Outreach

- Prepare and update information and guidelines for health care providers.
- Conduct a pandemic influenza summit.
- Familiarize DHSS staff and other public health staff with appropriate communication methods for communities.
- Conduct meetings with partners, community leaders, legislators, and government officials; present plans and updates in legislative hearings.
- Develop a speaker's bureau for speaking to key stakeholder audiences.
- Conduct symposia on surveillance, treatment, and prophylaxis.
- Conduct training exercises.
- Publicize and promote training efforts.

Pandemic Period

(WHO Pandemic Alert Level 6; HHS - Pandemic Period)

A. Surveillance and Investigation

Pandemic Period

Influenza is not a mandated notifiable disease for health care providers; however, during a pandemic response, CDC may declare the circulating strain causing the pandemic a “disease of public health significance,” requiring both health care providers and laboratories to report cases.

The Division of Public Health will:

- Activate the Communication and Public Information Plan (Annex B of the Alaska Public Health Emergency Operations Plan).¹
- Distribute CDC case definitions.
- Ensure specimen collection of influenza isolates to track strains.
- Provide instruction on correct specimen collection and handling (Supplement C).
- Collect, summarize, and distribute appropriate data/information and surveillance summaries.
- Distribute general population public health messages and updates.
- Activate enhanced virologic and disease surveillance (Supplement E).
- Enhance detection of early cases of a pandemic influenza virus (Supplement E).
- Send pandemic virus specimens to State of Alaska Virology Lab or CDC as directed.
- Activate specimen collection triage (Supplement C).
- Use influenza-like-illness data and clusters as early warning system for the presents of a novel influenza strain within the state
- Promote laboratory testing of patients with influenza-like-illness at hospitals.
- Monitor the pandemic’s impact on health by tracking outpatient visits, hospitalizations, and deaths.
- Track trends in influenza disease activity and identify populations that are severely affected by measuring absenteeism in key industries or sectors.
- Activate emergency staffing levels within the Division of Public Health.
- Analyze data to characterize the epidemiology of a novel influenza outbreak
- Monitor the effectiveness and safety of the vaccine and antiviral medications.
- Report data in summary form along with recommendations to the public and health care providers.
- Implement infection control procedures and employee health monitoring within the Division of Public Health.
- Activate disease investigation teams.
- Ensure teams have proper personal protective equipment.
- Provide prophylaxis prior to deployment, if appropriate and available.
- Provide uniform investigation forms.

The Section Chief of the Section of Epidemiology will determine when to activate enhanced surveillance.

B. Health Care Systems

Pandemic Period

Infection control principles apply in any setting where persons with pandemic influenza might seek and receive health care services. The State of Alaska adopts Infection Control (Supplement 4) and Clinical Guidelines (Supplement 5) of the U.S. Health and Human Services Influenza Plan, November 2005.

The Division of Public Health will:

- Initiate active screening and triage of symptomatic patients for either a personal or contact history of travel to geographic area with novel virus activity.
- Promote strict adherence to infection control measures by all health care personnel.
- Provide or facilitate testing, management, and investigation of suspected case-patients.
- Ensure health care facilities receive specific instructions regarding specimen collection, packaging, and shipping.
- Conduct follow-up of suspected case-patients.
- Update providers regularly as the influenza pandemic unfolds.
- Investigate and report clusters.
- Limit the movement and transport of patients with influenza as much as possible.
- Develop and promote guidelines for safe transport of infected persons in medical aircraft.
- Assure availability of U.S. Health and Human Services Pandemic Influenza Plan Supplements 4 & 5 to provide recommendations for infection control in health care settings to all health care providers.
- Provide criteria for clinical evaluation and triage of patients with possible pandemic influenza.
- Provide consultation and guidance for the clinical management of patients who meet the criteria for pandemic influenza.

C. Community and State Disease Control Strategies

Pandemic Period

The State of Alaska adopts Community Disease Control and Prevention (Supplement 8) and Management of Travel-Related Risk of Disease Transmission (Supplement 9) of the U.S. Health and Human Services Influenza Plan, November 2005.

The Division of Public Health will:

- Frequently review and revise social distancing measures in light of current epidemiological data throughout the period.
- Consult with state and local government officials regarding the appropriate timing for implementation of social distancing measures.
- Consult with school and college officials regarding closure of educational facilities.
- Monitor the effectiveness of containment strategies as defined in Supplement D.
- Implement emergency staffing plans for the public and private sector, as appropriate.
- Close public gathering places, as appropriate.
- Promote respiratory hygiene/cough etiquette and hand hygiene.
- Close non-essential government functions, as appropriate.
- Activate community-based containment measures, as appropriate.
- Evaluate the need to implement or terminate travel-related disease transmission and containment measures for all public conveyances, as appropriate.
- Update the Commissioner of the Department of Health and Social Services regarding the epidemiology and impact of the pandemic in communities around Alaska.
- Provide recommendations for discontinuing social distancing measures.

ISOLATION AND QUARANTINE

The Alaska Statutes (AS 18.15.390) defines the authority of the Department of Health and Social Services to address public health disasters. In addition, [Alaska Statute 18.15.355-18.15.385](#) defines the authority of the Department of Health and Social Services to collect and analyze health information, to conduct epidemiologic investigations, to institute isolation and quarantine measures, and to provide appropriate medical treatment.

The Division of Public Health will:

- Direct infectious case-patients to remain in isolation.
- Direct hospitals to implement strict isolation protocols for all patients suspected of being infected with pandemic influenza.
- Quarantine contacts, as appropriate.
- Coordinate planning efforts for isolation and quarantine with local, state, federal and neighboring jurisdictions, as appropriate.
- Implement isolation and quarantine procedures according to CDC guidelines.
- Work with health care providers and hospitals to ensure that influenza patients are isolated in appropriate facilities based on their medical condition (homes, hospital, and alternate care facility) and that support systems are in place.
- Provide guidance to assist health care providers and hospitals regarding options for management of health care workers who come in contact with influenza patients or who develop influenza.

- Activate the Division of Public Health Community and State Disease control Strategies (Supplement D) and the Alternate Care Site Plan (Annex G of the Alaska Public Health Emergency Operations Plan),¹ as needed.
- Recommend that hospitals implement isolation protocols for all patients suspected of being infected with pandemic influenza.

D. Vaccine Distribution and Use

Pandemic Period

The success of the pandemic influenza vaccination program will be determined in large part by the strength of the vaccination programs conducted and the plans developed during the Interpandemic Period. For example, higher vaccination rates will foster increased familiarity with and public confidence in influenza vaccines and increased use of pneumococcal polysaccharide vaccine may decrease rates of secondary bacterial infections during a pandemic.

The State of Alaska adopts Vaccine Distribution and Use (Supplement 6) of the U.S. Health and Human Services Influenza Plan, November 2005.

BEFORE a pandemic vaccine becomes available, the Division of Public Health will:

- Mobilize health care partners, and prepare to activate Mass Vaccination Clinic Plans for distributing and administering vaccines (Annex F of the Alaska Public Health Emergency Operations Plan).¹
- Keep the health care and public health workforce up-to-date on projected timelines for availability of vaccines against pandemic influenza.
- Modify the plan, if needed, to account for possible updated interim recommendations on priority groups, projected vaccine supplies and timelines for availability, and staffing estimates for mass vaccination.
- Accelerate training in vaccination and vaccine monitoring for public health staff and for partners responsible for vaccinating priority groups.
- Work with other governmental agencies and non-governmental organizations to ensure effective public health communications.

AFTER a pandemic vaccine becomes available, the Division of Public Health will:

- Activate the Mass Vaccination Clinic Plan (Annex F of the Alaska Public Health Emergency Operations Plan).¹
- Administer vaccines according to priority protocols. (Supplement B)
- Monitor vaccine supplies, distribution and use.
- Monitor and investigate potentially vaccine-related adverse events.
- Ensure fair, equitable and orderly distribution of the vaccine as per CDC recommendations.
- Provide accurate and timely information to the general public about vaccine use and availability.
- Evaluate vaccine distribution activities when the pandemic has ended.

E. Antiviral Drug Distribution and Use

Pandemic Period

The State of Alaska adopts Antiviral Drug Distribution and Use (Supplement 7) of the U.S. Health and Human Services Influenza Plan, November 2005.

The Division of Public Health will:

- Distribute antiviral drugs to predetermined priority groups (Supplement A).
- Request additional antiviral doses from previously identified sources or from the Strategic National Stockpile, if available.
- Prepare for post-exposure prophylaxis in affected areas, if drug is available.
- Continue distribution and use of antivirals, as appropriate.
- Review and revise any interim recommendations on use of antiviral prophylaxis and/or treatment in selected groups or circumstances, as needed.
- Accelerate training on appropriate use of antiviral drugs among public health staff and health care partners.
- Monitor antiviral drug use and effectiveness.
- Monitor and investigate adverse events.

F. Communications

Pandemic Period

Activate Public Health Communication Plan (Annex B, also known as the Risk Communication Annex). This plan will serve as a guide and framework for implementation and use of communication tactics. Key activities relate to updating materials and identifying final communication channels.

DHSS public information staff will:

Plan

- Open Joint Information Center within EOC.
- Identify supplemental resource staff in DHSS to aid in communication efforts.
- Verify identified communication methods for message dissemination to all groups (e.g., industry, school, health care providers, etc.).

Train

- Train supplemental resource staff to respond.
- Continue to train spokespersons.

Provide Public Information and Education

- Support the Director of the Division of Public Health and the Chief of the Section of Epidemiology about communication announcements regarding entry into the pandemic period.
- Update CDC materials; prepare and disseminate Alaska-specific communication materials.
- Update other basic communication materials (e.g., fact sheets, FAQs, and talking points) on influenza, influenza vaccine, antiviral agents, and other relevant topics in multiple languages and media.
- Open and staff a telephone hotline.
- Publicize pandemic influenza Web site containing up-to-date information.
- Continue to make presentations, slide sets, videos and documentaries as needed.
- Monitor state and national media and respond to media requests.
- Conduct press conferences as requested by EOC.
- Develop a communication plan for mass vaccination/prophylaxis clinic(s), locations, times, and target audience (if vaccine and/or antiviral medications become available).

Provide Community Relations Coordination and Outreach

- Prepare information and guidelines for health care providers.
- Verify target audiences.
- Implement community outreach.
- Familiarize DHSS and other public health staff with methods of communication in communities.
- Continue to communicate with partners, community leaders, legislators, and government officials.
- Continue to conduct symposia on surveillance, treatment, and prophylaxis.
- Work through the Joint Information Center with all partner agencies to maximize information dissemination efforts.

Supplements

ANTIVIRALS DISTRIBUTION & USE

Pandemic Influenza

GOALS:

- Decrease health impacts including severe morbidity and death
- Maintain essential state services
- Support health care services in affected areas
- Pre-position antivirals for rapid access

ASSUMPTIONS:

- During a pandemic wave approximately 30% of persons will become ill.
- There is no surge capacity among the division of Public Health's doctors, nurses and laboratorians.
- There is a limited amount of antivirals in the state and additional supplies from the CDC (strategic national stockpile (SNS)) will depend on the extent of the outbreak in the U.S.
- Early treatment of pandemic influenza will decrease severity of illness, thus reducing the number of persons requesting hospitalization, and will prevent some influenza-related deaths.
- Antiviral drugs may be in short supply and may be used more efficiently for early treatment rather than prophylaxis, except in a few selected settings.
- The need for antiviral prophylaxis may decrease once an effective pandemic influenza vaccine becomes available for use among health care workers.
- Receipt, storage and staging of antivirals (State and Federal) will be according to the state SNS plan and the responsibility of the DPH pharmacist.

Pre-positioning of Antivirals

Our strategy may change as more antivirals become available and antiviral priorities become less restrictive. Hospitals are expected to dispense their existing inventory of antivirals in accordance with the priorities set forth in this Supplement. Pre-positioning of Tamiflu to hospitals is currently being implemented and is governed by a memorandum of understanding (MOU) between the state and the hospitals and clinic involved. Tamiflu distribution to Public Health Centers will be implemented at WHO phase 4. Details of hospital and Public Health Center distribution can be found in Tables 1 and 2 at the end of this supplement.

Pre-positioning of antivirals is based on the WHO Phases

WHO raises the phase to 4:

- Deliver and store antiviral medication to every State Public Health Center.
- Hospitals should inventory their antiviral stock.
- Additional amounts of antivirals will be distributed based on regional populations and available stock, utilizing the State of Alaska Strategic National Stockpile Plan data.
- Each facility will designate a contact recipient to ensure proper storage, security and monitoring.

WHO raises the phase to 5:

- Deliver antiviral medication from the Public Health Centers (PHC) to each community served by that PHC. Amount based upon local population and available stock, utilizing the SNS Plan data. This will be coordinated with ANTHC and regional health corporations.

DISPENSING OF PRE-POSITIONED ANTIVIRALS:

HOSPITALS:

- Hospitals/health care Providers are expected to dispense antivirals in accordance with the State of Alaska Pandemic Influenza Response Plan priorities located below.
- Hospitals/health care Providers should not be the mass dispensing centers for essential workers (or family members) unless the worker (or family member) requires hospitalization/clinic care.
- Citizens should listen for state and local public information campaigns for instructions concerning influenza triage and who to contact by phone prior to visiting the hospital/health care provider for influenza triage information.
- Requirements for patient hospitalization and antiviral treatment will be determined on a case-by-case basis.
- Following the SNS plan, hospitals will communicate the need for additional antivirals through their local Emergency Operation Center (EOC).

DISPENSING CENTERS:

- Dispensing of antivirals will be administered according to priorities set forth in the State of Alaska Pandemic Influenza Response Plan priorities located in this Supplement.
- DPH will provide necessary standing orders or coordinate those orders with regional/local health care providers.
- DPH recommends that dispensing be conducted at the community level through coordination among DPH, PHC, and the regional/local health care delivery system(s).
 - It is understood that dispensing strategies will vary widely throughout Alaska due to population and available resources.
 - It is recommended that dispensing take place away from PHCs or health care centers.
 - Essential workers must be pre-identified.
 - Essential worker list (with family members) must be made available to local dispensing center officials.
 - DPH recommends essential workers (or family members) contact a pre-identified contact number in their community to report family illness.
 - DPH recommends delivery of antivirals to ill essential workers (or family members) by volunteer or emergency medical mobile teams.
- DPH will maintain regular contact with PHCs to determine status of remaining anti viral inventory. This may be done through traditional reporting by the local authorities to the SECC or directly to the DPH EOC by the PHC.
- Dispensing Priorities will be adjusted as inventories are depleted or restocked.

Antiviral Priority Group Recommendations

Treatment (in descending order of priority):

1. Patients hospitalized with influenza
2. Health care workers and emergency medical service providers with direct patient contact
3. Public safety workers (fire, police), pandemic responders (public health investigators and responders), essential workers in government and infrastructure-support industry
4. Highest risk outpatients: immunocompromised persons and pregnant women
5. Increased risk outpatients: children aged 12-23 months, persons age 65 years and older, and persons with non-immunocompromised medical conditions
6. Others with symptoms of influenza

Prophylaxis:

1. Prophylactic use of antivirals will likely be limited to a few selected high-risk situations.
2. Final prioritization for prophylactic use of antivirals will depend on drug availability and clinical and virologic characteristics of pandemic influenza.

Based on Health and Human Service Pandemic Influenza Plan Supplement 7 and Implementation Plan for the National Strategy for Pandemic Influenza May 2006 Sections 6 and 9.

Table 1
TAMIFLU DISTRIBUTION
PUBLIC HEALTH CENTERS

Public Health Center or Clinic	Proposed Allocation (in cases of 48)
Anchorage	28
Fairbanks	15
MatSu	15
Juneau	12
Kenai	12
Kodiak	12
Bethel	10
Ketchikan	10
Cordova	5
Craig	5
Delta Junction	5
Dillingham	5
Haines	5
Homer	5
Petersburg	5
Seward	5
Sitka	5
Tok	5
Unalaska	5
Valdez	5
Wrangell	5
Barrow	5
Kotzebue	5
Nome	5

Total of 194 cases (40% of current stock). Remainder of outstanding antivirals to be stored in Anchorage for distribution as outbreak proceeds.

Distribution based on Smallpox Summary with adjustments for population changes.

Table 2
TAMIFLU DISTRIBUTION
ALASKA HOSPITALS

Hospital	Proposed Allotments (in cases of 48)
Providence Alaska, Anchorage	40
Alaska Native Medical Center, Anch	25
Alaska Regional, Anchorage	20
Fairbanks Memorial	20
Mat-Su Regional	10
Central Peninsula, Soldotna	10
Bartlett Regional, Juneau	5
Yukon-Kuskokwim Delta, Bethel	5
Mt. Edgecombe, Sitka	5
Ketchikan General	5
South Peninsula, Homer	5
Cordova Community Medical Center	2
Kanakanak Hospital, Dillingham	2
Maniilaq Health Center, Kotzebue	2
Norton Sound Health Corp, Nome	2
Petersburg Medical Center	2
Providence Kodiak Island	2
Providence Seward	2
Samuel Simmonds, Barrow	2
Sitka Community Hospital	2
Providence Valdez	2
Wrangell Medical Center	2
Iliukiuk Family Clinic, Unalaska	2

Total of 174 cases of meds (94% of our stock).

Distribution based on Alaska State Hospital and Nursing Association (ASHNHA) data on hospital employees.

VACCINE DISTRIBUTION AND USE

Pre-Pandemic and Pandemic Vaccine

Goals:

- Decrease health impacts including severe morbidity and death
- Minimize societal and economic impacts by preserving essential societal functions

Based on these goals, the State of Alaska has utilized the Health and Human Service Pandemic Influenza Plan, Appendix D, to develop a preliminary listing of priority groups to be immunized with available vaccine. As discussed in the previous section for Vaccine Distribution and Use - Interpandemic Period, further implementation plans will need to be developed to:

- include more specific definitions of the priority groups (e.g., which functions are indeed critical to maintaining continuity) and their size;
- define how persons in these groups will be identified; and
- establish strategies for effectively and equitably delivering vaccines and antiviral drugs to these populations.

Assumptions:

- **Morbidity and Mortality:** The greatest risk of hospitalization and death will be in infants, the elderly, and those with underlying health conditions. This assumption will require reconsideration of recommendations at the time of the pandemic based on the epidemiology of the disease.
- **Health care System:** The health care system will be severely taxed if not overwhelmed due to the large number of illnesses and complications from influenza requiring hospitalization and critical care.
- **Workforce:** During a pandemic wave in a community, between 25-30% of persons will become ill during a 6 to 8 week outbreak. At the peak of pandemic disease, about 10% of the workforce will be absent due to illness or caring for an ill family member. This impact may be greater if significant absenteeism occurs because persons stay home due to fear of becoming infected.
- **Critical Infrastructure:** Limited information is available to assess potential impacts on critical infrastructure sectors such as transportation and utility services. Because of changes in business practices and the complexity of networks, information from prior pandemics was not considered applicable.
- **Vaccine Production Capacity:** Because of unknown factors related to the amount of vaccine antigen required for each dose of vaccine and the fact that two doses may be required for protection, the assumptions upon which vaccine planning has occurred could substantially exceed the amount of vaccine that would be produced.

Vaccine Receipt, Distribution and Storage Plan for Pre-Pandemic and Pandemic Influenza Vaccine

Reference: State of Alaska Disaster Preparedness Plan, Annex F, Appendix 7
Health and Human Service Pandemic Influenza Plan, Appendix D

RECEIPT:

1. Vaccine will be received at the Epidemiology Depot. Alternate location is the Alaska Native Medical Center (ANMC) Warehouse.
2. Vaccine will be logged in by lot number and expiration date

STORAGE:

1. Vaccine will be stored in Depot refrigerators according to Immunization Program protocols in temperature monitored refrigerators
2. Vaccine will remain in Anchorage until Division of Public Health Emergency Operation Center (DPH EOC) directs its shipment.

SHIPMENT:

1. Vaccine will be shipped in accordance with Standard Operating Procedures of the Immunization Program.
2. Ship-to sites will be only those certified under the Alaska Immunization Program.
3. Transportation of vaccine to remote sites will be through systems already in place through State of Alaska Section of Public Health Nursing and Alaska Native Tribal Health Consortium (ANTHC)
4. Expected shipping sites will be the State of Alaska Public Health Centers and Alaska Hospitals, then to local clinics.
5. The ship-to communities will be expected to provide necessary security and may ask the SECC for assistance.

STAFFING:

1. Section of Epidemiology staff
2. ANTHC Warehouse staff as backup
3. EPI clerks only if needed

VACCINE MONITORING:

1. Mass dispensing plans per SNS will be followed
2. Vaccine Usage Report Form will be used to report total doses given, to the Section of Epidemiology Depot for tracking purposes.
3. The Depot and/or ANTHC Warehouse will maintain a running total of available vaccine and a record of vaccine shipped.

VACCINE ALLOCATION:

1. Recommendations are based on antiviral (Tamiflu) distribution plan.
2. Allocation of pre-pandemic and pandemic vaccine will be based upon:
 - a. FTEs in 22 Alaska hospitals, 1 isolated clinic in the Aleutian chain and the Public Health Centers, including Anchorage Health Department
 - b. Local communities are to identify their public health emergency response workers critical to pandemic response.

Recommendations for Pre Pandemic and Pandemic Influenza Vaccine Distribution

Hospital	Number of doses	Public Health Ctr	Number of doses
Providence Alaska	2,000	Municipality Anch	5,000
Alaska Native Medical Ctr	1,200		
Alaska Regional	1,000		
Fairbanks Memorial	1,000	Fairbanks PHC	50
Mat-Su Regional	500	Mat-Su PHC	25
Central Peninsula	500	Kenai PHC	15
Bartlett Regional	250	Juneau PHC	25
Y-K Delta Regional	250	Bethel PHC	20
Mt. Edgecombe	250	Haines PHC	10
Ketchikan General	250	Ketchikan PHC	15
South Peninsula	250	Homer PHC	10
Cordova Community	100	Cordova PHC	10
Kanakanak	100	Dillingham PHC	10
Maniilaq	100	Maniilaq PHN	10
Norton Sound	100	Nome PHC	15
Petersburg	100	Petersburg PHC	10
Providence Kodiak	100	Kodiak PHC	10
Providence Seward	100	Seward PHC	10
Samuel Simmond	100	Barrow PHN	20
Sitka Community	100	Sitka PHC	10
Providence Valdez	100	Valdez PHC	10
Wrangell	100	Wrangell PHC	10
		Delta Jct	10
		Craig PHC	10
		Tok PHC	10
Iliuliuk Clinic	100		

The above allocations accounts for 28% of projected 50,000 doses of a pre-pandemic vaccine that Alaska may receive.

Assumptions:

1. Not all of allocated doses will arrive in Alaska at one time.
2. Recommendations based on Tamiflu, Strategic National Stockpile (SNS) distribution plan.
3. Priority groups for pre-pandemic and pandemic vaccination will be determined at the national level. Draft priority groups are listed in this supplement and in the HHS Pandemic Plan location at: <http://www.hhs.gov/pandemicflu/plan/appendixd.html>
4. The order of these priority groups is subject to change.
5. “Dose” = one injection; CDC may recommend 2 doses/person.

Alaska Priority Groups for Pandemic Influenza Vaccine

Assumptions based on current knowledge of influenza transmission and groups at risk of complications.
Subject to modification dependent upon actual epidemiology of pandemic influenza strain.

Tier	Population	Rationale
1A	<p><u>Health Care Workers</u></p> <ul style="list-style-type: none"> • Medical workers and public health workers (including federal health care providers to Alaska Native corporations) who are involved in: <ul style="list-style-type: none"> - Direct patient contact (e.g., vaccination) - Support services essential for direct patient care 	<ul style="list-style-type: none"> • Health care workers are required for quality medical care of ill persons. Minimal surge capacity exists among Alaska health care personnel to meet the increased demand resulting from transmission of a pandemic influenza strain.
1B	<p><u>Highest-Risk Groups</u></p> <ul style="list-style-type: none"> • Persons ≥65 years of age with at least 1 influenza high-risk condition* • Persons 6 months to 64 years of age with at least 2 influenza high-risk conditions* • Persons 6 months of age or older hospitalized in the past year because of pneumonia, influenza or another influenza high-risk condition* <p style="text-align: center;"><i>* does not include essential hypertension</i></p>	<ul style="list-style-type: none"> • These groups are at high risk of hospitalization and death. (Persons who are immunocompromised and likely would not be protected by vaccination are excluded from this grouping.)
1C	<p><u>Household Contacts and Pregnancy</u></p> <ul style="list-style-type: none"> • Household contacts of: <ul style="list-style-type: none"> - Severely immunocompromised persons who would not be vaccinated due to likely poor response to vaccine - Children <6 months of age • Pregnant women 	<ul style="list-style-type: none"> • Vaccination of household contacts of immunocompromised persons and young infants will decrease the risk of exposure and infection among those who cannot be directly protected by vaccination. • Pregnant women have been at high risk for influenza complications during past pandemics and periods of seasonal influenza.
1D	<p><u>Pandemic Responders</u></p> <ul style="list-style-type: none"> • Public health emergency response workers critical to pandemic response • Key government leaders/health-decision makers 	<ul style="list-style-type: none"> • These persons are critical to assuring effective management/monitoring of pandemic influenza response activities. <ul style="list-style-type: none"> - Public health emergency response workers are needed to implement tasks such as vaccination and to manage/monitor response activities. - Key government leaders must preserve decision-making capacity for managing/implementing a response.
1E	<p><u>Critical Transportation Workers</u></p> <ul style="list-style-type: none"> • Transportation workers who: <ul style="list-style-type: none"> - Transport fuel, water, food, and medical supplies throughout Alaska - Provide public ground transportation services 	<ul style="list-style-type: none"> • Transportation workers assure critical supply lines are maintained throughout Alaska's immense geographic area, including many relatively isolated villages in rural Alaska.

Alaska Priority Groups for Pandemic Influenza Vaccine *(cont.)*

Assumptions based on current knowledge of influenza transmission and groups at risk of complications.
Subject to modification dependent upon actual epidemiology of pandemic influenza strain.

Tier	Population	Rationale
2A	<p><u>Other High-Risk Groups</u></p> <ul style="list-style-type: none"> • Healthy persons ≥ 65 years of age with no high-risk conditions • Persons 6 months to 64 years of age with 1 high-risk condition • Children 6–23 months of age 	<ul style="list-style-type: none"> • Persons in these groups are at increased risk for influenza complications, but they are not as high-risk as the populations listed in Tier 1B.
2B	<p><u>Critical Infrastructure Groups</u></p> <ul style="list-style-type: none"> • Public safety workers, including police, fire, 911 dispatchers, and correctional facility staff • Utility workers essential for maintenance of power, water, and sewage system functioning • Telecommunication/IT personnel responsible for essential network operations and maintenance 	<ul style="list-style-type: none"> • These persons include critical infrastructure groups that have an impact on maintaining health and societal functions.
3	<p><u>Other Groups</u></p> <ul style="list-style-type: none"> • Funeral directors/embalmers 	<ul style="list-style-type: none"> • Funeral directors comprise another important societal group for a pandemic response, but are of lower priority than other critical infrastructure groups.
4	<p><u>Non-High Risk Persons</u></p> <ul style="list-style-type: none"> • Healthy persons 2–64 years of age not included in any of the above categories 	<ul style="list-style-type: none"> • All persons not included in other groups may be vaccinated after completion of other priority groups, based on the objective to vaccinate all those who want protection.

SPECIMEN COLLECTION AND LABORATORY TESTING

This supplement is divided according to the World Health Organization (WHO) Phases 1-6.

Goals:

- Interpandemic Period (WHO Phase 1 and 2): to monitor typical seasonal influenza virus activity in Alaska.
- Pandemic Alert Period (WHO Phase 3, 4 and 5): to rapidly detect a pandemic strain of influenza virus in Alaska.
- Pandemic Period (WHO Phase 6): to document ongoing transmission and detect changing characteristics of a pandemic virus.

Assumptions:

During an influenza pandemic:

- Specimen triage may become necessary at the Alaska State Virology Laboratory if the volume of submissions overwhelms laboratory capacity.
- Rapid influenza (rapid test) methods may not be dependable for detecting a novel influenza virus at clinical laboratories.
- Public Health Centers, clinics and laboratories expecting to test for influenza viruses will have influenza specimen collection supplies, packaging and shipping materials available.
- Most cases of pandemic influenza will be diagnosed based on clinical findings without laboratory confirmation.
- Specimen collection, testing and triage recommendations will change during the course of a pandemic.

Implementation:

A. Interpandemic Period (WHO 1 and 2)

1. Routine seasonal influenza surveillance—role of Alaska State Virology Laboratory (ASVL) in Fairbanks:
 - (a) Viral culture of specimens submitted from:
 - i. Winter and summer sentinel surveillance sites
 - ii. Clinical specimens from providers statewide
 - iii. Outbreak investigations
 - (b) All respiratory specimens for viral culture are examined for influenza A and B viruses, respiratory syncytial virus (RSV), adenovirus, parainfluenza viruses, and rhinoviruses. Most viruses can be isolated by culture within 3-7 days after receipt by the lab; cultures with no growth will only be reported out as negative at the end of 14 days after inoculation.
 - (c) ASVL performs hemagglutinin (H) antigen typing on all influenza A isolates.
 - (d) Selected influenza isolates are sent to CDC/WHO influenza laboratory (Atlanta) for confirmation and additional typing.

2. Viral culture data from ASVL is supplemented with reported results of rapid influenza testing at clinical laboratories around the State.
3. Data from culture and rapid testing performed on specimens are collected and analyzed by Section of Epidemiology and ASVL. These data are used to track type, location, and character of seasonal influenza within the state.

B. **Pandemic Alert Period** (WHO 3, 4, and 5)

1. Routine laboratory surveillance for seasonal influenza activity will continue, as above.
2. Novel pandemic virus laboratory surveillance—role of Alaska State Public Health Laboratories in testing specimens meeting the CDC case definition, or with travel/exposure history consistent with the CDC recommendations for enhanced surveillance:

(a) Perform polymerase chain reaction (PCR) and serological testing:

To improve diagnostic sensitivity, PCR testing for novel influenza should be performed on multiple sample types. Sputum, throat swabs, nasopharyngeal swabs, nasopharyngeal washes/aspirates, bronchial lavage, or other recommended specimens should be collected. Swab material must be polyester (Dacron). The specimens should be placed in viral transport media (VTM), or commercial viral transport media, such as M4 or M5, for shipment to the laboratory. ASVL will provide updates to laboratories and the Section of Epidemiology regarding optimal specimen collection recommendations for novel pandemic influenza virus detection as needed.

Acute-phase serum specimens should be obtained as early as possible after onset, and a convalescent-phase serum sample should be obtained 2 to 3 weeks after symptom onset.

- (b) Specimens should be shipped using Biological Substance Category B packaging unless otherwise instructed. The specimens must be labeled, with an accompanying request form that clearly indicates the specimen is to be tested for novel influenza. Relevant travel and exposure history should be included.
 - (c) Respiratory specimens from individuals who meet the CDC case definition for possible pandemic influenza will be analyzed by PCR for influenza A and B matrix, and influenza H1, H3, and H5 hemagglutinin subtype. Results should be available within 24-48 hours after receipt at the laboratory. Any influenza A-H5 positive samples will be forwarded to CDC for confirmation and neuraminidase (N) typing; these specimens will not be cultured at ASVL.
 - (d) Specimens will be tested at ASVL to the extent possible. The lab manager will initiate measures for surge testing capability at the Anchorage Public Health Laboratory (APHL) and possibly other laboratories as needed. ASVL will notify the Section of Epidemiology to route specimens to APHL when necessary.
 - (e) Clinical specimens will be processed at ASVL based upon:
 - i. The Alaska State Public Health Laboratories (ASPHL) capacity,
- And*
- ii. Whether or not it is necessary to document the presence of the pandemic strain in:

- A given geographic area (metropolitan or labor market regions)
 - Institution (e.g. nursing home, dormitory, hospital, prison)
 - Other defined population group
- (f) A specimen submitted directly to ASPHL without prior approval by the Section of Epidemiology will be run on a case-by-case basis according to:
- i. ASPHL capacity, and
 - ii. The need for additional surveillance data for the geographic region or population group represented by that specimen(s).
3. Novel pandemic virus laboratory surveillance—role of the Section of Epidemiology:
- (a) Outbreak investigation(s) team from Section of Epidemiology will investigate initial cases/clusters* in order to implement containment measures, limit social disruption, and manage public health information. Appropriately trained staff from other Sections of the Division of Public Health or from other agencies may supplement outbreak investigation teams.***
- (b) All clinical specimens taken from patients must be approved for processing by the Section of Epidemiology.
- (c) During WHO phases 4 and 5, increased specimen collection for laboratory testing at sentinel surveillance sites and participation of influenza-like-illness reporting may be requested to detect entry and spread of a pandemic influenza strain into the State.
- (d) The Section of Epidemiology will notify ASVL of all specimens approved for processing, either by phone, facsimile, or a secure Internet-based system (First Class or the Laboratory Information Management System).
- (e) The Section of Epidemiology will notify and update health care providers through the Alaska Public Health Alert Network (AK-PHAN), *Epidemiology Bulletins*, and faxes regarding:
- i. The case definition for pandemic influenza disease.
 - ii. How, what type, and amount of specimens to collect (based on ASVL recommendations).
 - iii. Optimal timing to collect specimen (ideally, as soon as possible after onset of illness).
4. Fairbanks Universal Lab Request Form includes a space indicating that the Section of Epidemiology has been contacted and specimen(s) approved for processing.

*In general, a cluster is 3 or more people with illness meeting the case definition for pandemic influenza and with onsets of illness within 7 to 10 days of each other within a defined geographical area. However, any cluster of deaths from respiratory disease of unexplained cause should result in immediate reporting, regardless of contact history and may require further investigation.

C. **Pandemic Period** (WHO 6)

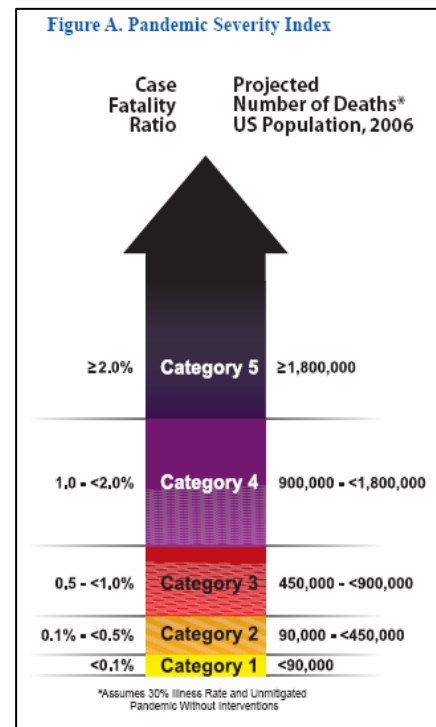
1. Novel pandemic virus laboratory surveillance continued as above in B.2 and 3.
2. During pandemic transmission of a novel influenza virus, impact mitigation activities will take precedence over specimen collection surveillance activities; however, some specimen collection will continue, to detect the initial cases in a new geographic area and to monitor antigenic and genetic changes and antiviral resistance patterns, in collaboration with the CDC and the WHO.
3. Section of Epidemiology will provide ongoing updated information about specimen collection to clinical laboratories and health care providers throughout the pandemic period through the Alaska Health Alert Network, *Epidemiology Bulletins*, faxes, and other media.

COMMUNITY AND STATE DISEASE CONTROL STRATEGIES

This supplement addresses the planning and implementation of non-pharmacological interventions (NPIs) for individuals, communities, and the State of Alaska. It utilizes the U.S. H.H.S. Influenza Plan November 2005, Supplements 4, 5, 8, 9; the Implementation Plan for the National Strategy for Pandemic Influenza, May 2006, Chapters 5, 6, 8; and the Interim Pre-Pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States, February 2007.

Definitions:

- **Early, targeted, and layered non-pharmaceutical interventions (NPIs):** Combinations of selected non-pharmaceutical strategies that can be implemented in the early stages of a pandemic to slow or limit community transmission of a novel influenza virus.¹
- **Pandemic Severity Index (PSI):** Five discrete categories of increasing severity based on fatality ratios, to assist in defining which pandemic mitigation interventions might be indicated (Figure A).¹
- **Individual infection control:** Personal hygiene and protective measures to reduce the risk of transmission of an infectious agent from an infected person to uninfected persons.
- **Social distancing:** Measures to increase the space between people and decrease the frequency of contact among people.
- **Community containment measures:** Curtailing community activities and minimize social interactions to slow or limit the transmission of a pandemic virus in a community.
- **Isolation:** Separation and restriction of movement or activities of persons ill with an infectious disease in order to prevent transmission to others.
- **Quarantine:** Separation and restriction of movement or activities of healthy individuals who were exposed to an infection and may become ill in order to prevent the spread of disease; quarantine may be applied voluntarily (preferred) or on compulsory basis dependent on legal authority.
- **Federal Government Response Stages:** Six measures of United States pandemic influenza activity. These stages align with the WHO Pandemic Phases 1 – 6 (Table 1).¹



¹ "Interim Pre-Pandemic Planning guidance: Community Strategy for Pandemic Influenza Mitigation in the United States" Feb 2007 http://www.pandemicflu.gov/plan/community/community_mitigation.pdf

Table 1: WHO global pandemic phases compared with the U.S. Federal Government stages of a pandemic.²

WHO Phases		Federal Government Response Stages	
INTER-PANDEMIC PERIOD			
1	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 disease is considered to be low.	0	New domestic animal outbreak in an at-risk country.
2	No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.		
PANDEMIC ALERT PERIOD			
3	Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.	0	New domestic animal outbreak in at-risk country.
		1	Suspected human outbreak overseas.
4	Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.	2	Confirmed human outbreak overseas.
5	Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).		Confirmed human outbreak overseas.
PANDEMIC PERIOD			
6	Pandemic phase: Increased and sustained transmission in general population.	3	Widespread human outbreaks in multiple locations overseas.
		4	First human case in North America.
		5	Spread throughout United States
		6	Recovery and preparation for subsequent waves.

² The Alaska Pandemic Influenza Plan utilizes two periods; first the combined Interpandemic Period and Pandemic Alert Period (WHO phases 1-5) and second the Pandemic Period (WHO phase 6)
<http://www.epi.alaska.gov/id/influenza/fluinfo/PandemicFluPlan.pdf> pg. 6.

Goals:

- To delay the spread of a pandemic and allow time for vaccine production.
- To lessen the demand for and preserve scarce health care resources.
- To reduce the overall number of people who become sick and ultimately, reduce suffering, illness and death.

Authority:

- Alaska Statutes 18.15.355-18.15.395
- Alaska Statutes 18.05.030

Assumptions:

- This supplement is to be used in conjunction with the State of Alaska Emergency Response Plan, the Alaska Division of Public Health Emergency Operations Plan and the Alaska Pandemic Influenza Response Plan.
- Communities will identify, discuss and prepare for the economic impact, social disruption, enforcement, ethical issues and feasibility of community containment effort (U.S. DHHS Supplement 8).^{3,4}
- Within Alaska all available resources to support, service, and monitor a pandemic influenza response within the State utilizing the command and control methods of the Division of Public Health Emergency Operations Plan.⁵
- Most individuals in Alaska will voluntarily comply with disease control strategy recommendations during a public health emergency.
- Within Alaska the Pandemic Severity Index categories, the WHO Phases of pandemic risk and the Federal Response Stages, to guide the decision for implementation of NPIs strategies within the State of Alaska.

a) Responsibilities:

i) State of Alaska

(1) Pre-pandemic and Pandemic Alert Phases (WHO Phases 3-5) (Federal Response Stages 0-2)

- (a) Identify public and private sector partners needed for effective disease containment and mitigation strategy planning and response
- (b) Collaborate with communities and federal agencies that are involved pandemic influenza containment and support (e.g. FEMA, CDC, FDA, U.S. Homeland Security).

(2) Pandemic Phase (WHO Phase 6) (Federal Response Stages 3-6)

- (a) Analyze available information to determine appropriate travel-related controls.
- (b) Analyze available information to determine if disease control strategies are effective.
- (c) Support communities in meeting Essential Goods and Services:
 - (i) Essential Goods are those goods that are required to maintain life, health, and general well being:

³ <http://www.hhs.gov/pandemicflu/plan/pdf/HHSPandemicInfluenzaPlan.pdf>

⁴ "Interim Pre-Pandemic Planning guidance: Community Strategy for Pandemic Influenza Mitigation in the United States" Feb 2007 http://www.pandemicflu.gov/plan/community/community_mitigation.pdf

⁵ <http://www.hss.state.ak.us/dph/DPHPP/EOP/PDFs/EOP.pdf>

1. Basic life requirements (e.g. food, water, special diets for babies, diabetics, elderly, or others)
 2. General health and hygiene needs (e.g. soap, toilet paper, bleach, bandages, antiseptics, prescription medications)
- (ii) Essential services are those services that meet daily needs and must be maintained during a crisis:
1. Communications
 2. Utilities/heating
 3. Sanitation

ii) Division of Public Health

The State of Alaska Director of the Alaska Division of Public Health is responsible for activating community non-pharmaceutical measures during an influenza pandemic.

(1) Pre-pandemic and Pandemic Alert Phases (WHO Phases 3-5) (Federal Response Stages 0-2)

- (a) Educate communities about roles and responsibilities through interactions with local emergency planning committees (LEPC), community visits and local exercises.
- (b) Use all national strategies and recommendations as guidance.
- (c) Maintain 24/7 on-call answering service and epidemiology staff for detection and investigation of early case(s).
- (d) Maintain pandemic influenza web site with information for the public and health care professionals.
- (e) Educate public on use of masks during a pandemic.
- (f) Improve readiness to implement travel-related disease containment measures.
- (g) Participate in the Airport Response Group and Unified Command as outlined in the Ted Stevens Anchorage International Airport Communicable Diseases Response Plan.
- (h) Maintain readiness for antiviral and vaccine distribution and use;
<http://www.epi.alaska.gov/id/influenza/fluinfo/PandemicFluPlan.pdf>
- (i) Improve readiness for mass fatalities.

(2) Pandemic Phase (WHO Phase 6) (Federal Response Stages 3-6)

- (a) Advise and consult with local communities about:
 - (i) Management of patients infected with novel strains of influenza and their contacts.
 - (ii) Containment of small clusters of infection with novel strains of influenza.
 - (iii) Preparedness for implementation of pandemic influenza containment measures.
- (b) Monitor effects of community-based containment measures (see Enhanced Surveillance Supplement E, of the State of Alaska Pandemic Influenza Response Plan).
 - (i) The numbers of newly hospitalized persons with influenza or pneumonia
 - (ii) The numbers of newly isolated and quarantined persons, and
 - (iii) The number of pneumonia or influenza-associated deaths

- (c) Maintain a 24/7-response team to investigate, assist health care providers (HCP), and initiate containment measures with potential first cases.
- (d) Maintain up-to-date publications and alerts concerning diagnosis, specimen collection and reporting information for HCP.
- (e) Provide specific information regarding personal protective equipment usage for public, first responders, hospital workers, health care providers, and persons at high risk for complications of influenza.⁶
- (f) Work with the Anchorage CDC quarantine station and partners regarding containment issues for international and inter-state travelers.
- (g) Work with State of Alaska Emergency Coordination Center regarding containment issues for in-state travel.
- (h) Implement mass fatality plan.

iii) Communities

(1) Prepandemic and Pandemic Alert Phases (WHO Phases 3-5) (Federal Response Stages 0-2)

- (a) Develop or review the community plan to implement nonpharmaceutical interventions (NPIs) at the direction of the Division of Public Health (Table 2 & 3).
- (b) Collaborate within the community to develop options to institute these strategies that are acceptable to the community members.
- (c) Plan for the cohorting of patients including utilization of home care or alternate care sites.
- (d) Prepare for the security and protection of critical infrastructure.
- (e) Prepare for local mass fatalities.

(2) Pandemic Phase (WHO Phase 6) (Federal Response Stages 3-6)

- (a) Prepare to implement NPIs, at the direction of the Division of Public Health (Table 3).
- (b) Modify, postpone, or cancel public gatherings (e.g. concerts, plays, sporting events, potlatch, and businesses).
- (c) Prepare for or implement the cohorting of patients and utilization of home care or alternate care sites.
- (d) Prepare for or implement security for the protection of critical infrastructure.
- (e) Prepare for or implement local mass fatality plans.

b) Non-pharmaceutical Strategies (WHO Phases 3-6) (Federal Response Stages 0-6)

Private citizens must recognize and understand the degree to which their personal actions will govern the course of a pandemic. Success or failure of infection control measures is ultimately dependent upon the acts of individuals.

Appropriate matching of the community interventions to the severity of a pandemic is important to maximize public health benefit and minimize social and economic impact.

i) Individual Infection Control (WHO Phases 1-6) (Federal Response Stages 0-6)

(1) *Criteria for implementation*

- (a) This strategy should be ongoing, from the pre-pandemic period through the pandemic period for all Pandemic Severity Index categories.

⁶http://www.osha.gov/Publications/influenza_pandemic.html

(2) Strategies

- (a) Disseminate information about individual, school, business, and community preparedness and containment measures:⁷
 - (i) Stay home.
 - (ii) Respiratory hygiene (cover your cough).
 - (iii) Use & disposal of tissues that contain respiratory secretions.
 - (iv) Hand cleansing after contact with respiratory secretions and contaminated articles.
 - (v) Masks and other personal protective equipment as directed by Alaska Division of Public Health

ii) Isolation and Treatment (WHO Phases 3-6) (Federal Response Stages 2-6)

A suspected or confirmed case for novel influenza disease must meet the CDC case definition. Treatment will be based on CDC recommendations.

(1) Criteria for implementation

- (a) Implement according to PSI category:
 - (i) PSI 1 – generally not recommended
 - (ii) PSI 2 and 3 – consider implementation
 - (iii) PSI 4 and 5 – recommend implementation
 - (iv) PSI Unknown – recommend implementation until PSI can be determined.
- (b) This strategy will be most effective if it is voluntary, however mandatory measures may come into play for higher severity indexes (e.g. PSI 4 and 5)

(2) Strategies

- (a) Educate the public and health care providers to assure prompt and accurate identification of ill persons in the community.
- (b) Depending on clinical status, the patient may be isolated in a hospital, a community facility, or at home.^{8,9}
- (c) Provide education about hygiene and infection control practices to caregivers, appropriate for the site of isolation.¹⁰
- (d) Assure that basic life requirements are met while in isolation.
- (e) Work with industry, business, and other employers to help support household isolation for their employees.
- (f) Develop special provisions for those who live alone and who may not be able to care for themselves if ill.
- (g) Provide timely information to isolated individuals to promote voluntary compliance.

⁷ <http://www.pandemicflu.alaska.gov/PDFs/Pandemic%20Flu%20Brochure.pdf>
http://www.pandemicflu.alaska.gov/PDFs/PanFlu_bizpamphlet_web.pdf
http://www.osha.gov/Publications/influenza_pandemic.html

⁸ <http://www.wpro.who.int/NR/rdonlyres/EA6D9DF3-688D-4316-91DF-5553E7B1DBCD/0/InfectionControlAIinHumansWHOInterimGuidelinesfor.pdf>

⁹ U.S. DHSS Supplement 4

¹⁰ <http://www.wpro.who.int/NR/rdonlyres/EA6D9DF3-688D-4316-91DF-5553E7B1DBCD/0/InfectionControlAIinHumansWHOInterimGuidelinesfor.pdf>

iii) Voluntary Quarantine (WHO Phase 6) (Federal Response Stages 3-6)

This refers to exposed household members in homes with ill persons who may be at increased risk of contracting pandemic disease. Household members may have asymptomatic illness and may be able to shed influenza virus, facilitating transmission in the community.

(1) Criteria for implementation

- (a) Implement according to PSI status:
 - (i) PSI 1 – not recommended.
 - (ii) PSI 2 or 3 – consider implementation
 - (iii) PSI 4 or 5 – recommend implementation
 - (iv) PSI Unknown – recommend implementation until PSI can be determined.
- (b) Consider this strategy when there are well-defined clusters of pandemic influenza in the community.
- (c) This strategy may not be useful or even practical when there is widespread and ongoing disease in the community.
- (d) Home quarantine will be most effective if it is voluntary, however mandatory measures may come into play for higher severity indexes (e.g. PSI 4 and 5).

(2) Strategies

- (a) Educate the public and health care providers to assure prompt and accurate identification of ill persons, and those exposed to them, in the community.
- (b) Educate industry, business, and other employers so that they will support household quarantine for their employees.
- (c) Educate quarantined individuals about personal infection control strategies.
- (d) Community-wide measures should adhere to ethical principals in the use of quarantine during pandemics.
- (e) Distribute educational brochures, pamphlets, or videos about personal infection control
- (f) Assure that basic life requirements are met while in quarantine.
- (g) Discuss duration of quarantine and readjust if other household members become ill
- (h) Provide timely information to isolated individuals to promote voluntary compliance.

iv) Child Social Distancing (WHO Phase 5-6) (Federal Respond Stages 2-6)

This strategy involves closure of schools, childcare facilities, before and after school programs and other programs where children congregate.

(1) Criteria for implementation

- (a) Implement according to PSI status:
 - (i) PSI 1 – not recommended.
 - (ii) PSI 2 or 3 – consider short-term implementation (<4 weeks).
 - (iii) PSI 4 or 5 – recommend prolonged implementation (1-3 month range).
 - (iv) PSI Unknown – recommend implementation for at least short term or until PSI can be determined.

(2) Strategies

- (a) These strategies include: Preparing at WHO 5 and implementing when directed:
 - (i) Dismissal of students from classrooms
 - (ii) Closure of childcare programs
 - (iii) Other social distancing measures in the community to reduce out-of-school social contacts and community mixing (e.g. malls and extra-curricular activities).
- (b) Plan for consistent implementation among all schools and childcare facilities (private and public) in the community or region.
- (c) In collaboration with the school district, develop a community communication plan for notification of school closure and ongoing situation updates.
- (d) Verify that there is consistent implementation among all school (private and public) in the region.
- (e) Provide education to the community and parents to assure support of this strategy.
- (f) When children must be grouped together, hold group sizes to a minimum (e.g. <6 children), and avoid mixing between groups.
- (g) Work with boarding schools, colleges or universities to develop a plan to manage or assist large numbers of students to return to their home within a short time period. The plan should also consider those students who are unable to travel home during a pandemic.

v) Adult Social Distancing (WHO Phase 6) (Federal Response Stages 3-6)

Social distancing strategies for adults involve both the workplace and the community.

(1) Criteria for implementation

- (a) Implement according to PSI status:
 - (i) PSI 1 – not recommended.
 - (ii) PSI 2 or 3 – consider implementation
 - (iii) PSI 4 or 5 – recommend implementation
 - (iv) PSI Unknown - recommend implementation until PSI can be determined.

(2) Strategies

- (a) In the workplace, develop an organization-specific pandemic influenza plan that addresses:
 - (i) The use of teleconferences, and other alternatives to face-to-face meetings;
 - (ii) Provides for modified work schedules and practices (e.g. telework, staggered shifts);
 - (iii) Engineering controls (e.g. sneeze guards, no touch trash cans, drive through windows for clients/customers).
- (b) Consider implementation of on site illness screening for employees at the beginning of work shifts.
- (c) Consider ways to increase the distance between people on public transit vehicles, in the workplace, and other areas in the community where people congregate. http://www.osha.gov/Publications/influenza_pandemic.html
- (d) Modify, postpone, or cancel public gatherings (e.g. concerts, plays, sporting events).
- (e) Educate employers and community leaders about the importance of modifying the work environment.

**vi) Statewide: Quarantine within Communities or of Regions_(WHO Phase 4-6)
(Federal Response Stages 3-6)**

A community may be a political jurisdiction or a geographically defined area such as a village, a region, or the entire state.

(1) Criteria for implementation

- (a) Implement according to PSI status:
 - (i) PSI 1 – not recommended.
 - (ii) PSI 2 or 3 – not recommended
 - (iii) PSI 4 or 5 – recommend implementation
 - (iv) PSI Unknown - recommend implementation until PSI can be determined.
- (b) Influenza activity may include some or all of the following:
 - (i) Widespread pandemic strain activity in the area.
 - (ii) Community-based control and containment measures are no longer believed to be effective
 - (iii) Transmission is widespread, and many cases cannot be linked to other cases, or to a known exposure.
 - (iv) Many contacts of influenza patients are developing influenza illness.
 - (v) There is a delay between the onset of symptoms and the isolation of cases because of the large number of ill persons.

(2) Strategies

(a) WHO Phase 4-5 – Federal Response Stage 0-2

- (i) Preposition emergency workers, equipment and resources.
- (ii) Alert critical transportation and essential services.
- (iii) Prepare to implement active surveillance at point of entries including borders and major airports (Ted Stevens International airport, Fairbanks Airport, Canadian/U.S. borders).
- (iv) Consider implementing Enhanced Surveillance Supplement E.

(b) WHO Phase 6 - Federal Response Stage 3

- (i) Have standby contingency plans to address lack of essential services.
- (ii) Plan to provide security and ensure personnel protection for shipments of critical, high-demand supplies (e.g., vaccine or antiviral medications and shipments of food and fuel).
- (iii) Issue advisories with health information and recommendations.
- (iv) Consider implementing illness-screening protocols at sites of entry into the state.

(c) WHO Phase 6 - Federal Response Stage 4

- (i) Minimize travel-related disease transmission using a range of containment strategies:
 - 1. Limit certain types of travel
 - 2. Implement protocols for managing ill passengers at ports of exit
 - 3. Assure quarantine preparedness at points of entry
 - 4. Advance notification followed by defined period of travel restriction
- (ii) Implement screening protocols at sites of entry into the state.
- (iii) Limit non-essential movement of people, goods, and services into and out of areas where influenza transmission is occurring, in collaborations with

the Alaska Division of Homeland Security & Emergency Services, the U.S. Quarantine Office, and other federal agencies.

- (iv) Assure transportation of food, fuel, medication, and other critical supplies to affected communities.
- (v) Provide security and ensure personnel protection for shipments of critical, high-demand supplies (e.g., vaccine or antiviral medications and shipments of food and fuel).

(d) WHO Phase 6 - Federal Response Stage 5

- (i) Advise everyone to stay home.
- (ii) Restrict travel into and out of quarantined areas.
- (iii) Prohibit travel unless under extreme circumstances approved on a case-by-case basis.
- (iv) Provide security and ensure personnel protection for shipments of critical, high-demand supplies (e.g., vaccine or antiviral medications and shipments of food and fuel).
- (v) Establish perimeter zones around communities, “Transmission Zones” (TZ), for monitoring stations/checkpoints/access controls.
- (vi) Evaluate the need to implement or terminate travel-related containment measures as the pandemic evolves.
- (vii) Implement cross border agreements.

c) Early, targeted, and layered non-pharmaceutical interventions strategy (NPIs) - Table 2& 3

- i) CDC introduced Pandemic Severity Index (PSI) categories, February 2007, which uses case fatality ratios as the critical driver for categorizing the severity of a pandemic into 5 Categories (Figure A). Category 5 would be the most severe case fatality ratio and category 1 the least severe. The State of Alaska will use these Pandemic Severity Index categories, together with the WHO Phases of pandemic risk and the Federal Government Response Stages, to guide the decision for implementation of NPIs strategies within Alaska.
- ii) NPIs are an important component of the overall mitigation strategy and may reduce the burden on the medical and public health infrastructure by 1) decreasing demand for medical services at the peak of the epidemic and 2) by spreading the demand for health care over a longer time period. Recent preliminary analyses of cities affected by the 1918 pandemic show a highly significant association between the early use of multiple NPIs and reductions in peak and overall death rates.
- iii) The State of Alaska will prepare to activate appropriate interventions (as described in Table 2 & 3) at the direction of the Division of Public Health. The decision will be based upon whether a laboratory-confirmed human pandemic influenza case cluster is reported in the state or a region and there is evidence of community transmission (epidemiologically linked cases from more than one household).¹¹ This definition allows flexibility for cases occurring within proximate epidemiological regions crossing into more than one boundary.

¹¹ Cluster is 3 or more people with illness meeting the case definition for pandemic influenza and with onsets of illness within 7 to 10 days of each other within a defined geographical area. However any cluster of deaths from respiratory disease of unexplained cause should result in immediate reporting, regardless of contact history.

Table 2. Possible Public Health Response Strategies: Interpandemic-Pandemic Alert Period

Strategies	World Health Organization Phases		
	3	4	5
	Federal government Response Stages		
	0-1	2 Confirmed human outbreak overseas	
State Response	<ul style="list-style-type: none"> ❖ Promote Respiratory Hygiene Cough Etiquette ❖ Educate communities about their roles and responsibilities ❖ Maintain 24/7 on-call answering service and epidemiology staff for early detection and investigation. ❖ Maintain pandemic influenza web site. ❖ Stockpile supplies and equipment to protect state critical infrastructure and support communities ❖ Update, exercise and train the State Pandemic Influenza plan. ❖ Improve readiness for mass fatalities ❖ Improve travel-related containment readiness ❖ Prepare for issuing state wide pandemic guidance information ❖ Prepare for geographical quarantine 	<ul style="list-style-type: none"> ❖ Send antiviral medication to strategic sites around the state. ❖ Preposition emergency workers, equipment and resources. ❖ Alert critical transportation and essential services. ❖ Prepare to implement enhanced surveillance (supplement E) including border points of entry ❖ Issue pandemic guidance information ❖ Prepare for implementation of statewide strategies according to pandemic severity index 	<ul style="list-style-type: none"> ❖ Prepare to implement Child Social Distancing short term<4 weeks ❖ Issue pandemic guidance information ❖ Prepare for implementation of statewide strategies according to pandemic severity index
Community Response	<ul style="list-style-type: none"> ❖ Promote Respiratory Hygiene Cough Etiquette education ❖ Prepare for Isolation and Quarantine ❖ Develop or review community pandemic influenza plan ❖ Collaborate within community to develop NPI strategies that are acceptable to community members. ❖ Exercise local pandemic influenza plans. ❖ Prepare for Child Social Distancing short term<4 weeks ❖ Prepare for local mass fatalities. ❖ Prepare for mass vaccination /prophy clinics ❖ Prepare to support/protect critical infrastructure ❖ Prepare to receive and secure Antiviral medications ❖ Plan for the cohorting of patients including utilization of home care or alternate care sites. 	<ul style="list-style-type: none"> ❖ Respiratory Hygiene/Cough etiquette ❖ Isolation and Treatment ❖ Prepare for Child Social Distancing short term<4 weeks ❖ Prepare to support enhanced surveillance ❖ Prepare for the security and protection of critical infrastructure. ❖ Prepare for local mass fatalities. ❖ Prepare for mass vaccination /prophy clinics ❖ Receive and Secure antiviral shipment as applicable ❖ Prepare for implementation of community strategies at the direction of State of Alaska Division of Public Health 	<ul style="list-style-type: none"> ❖ Respiratory Hygiene/Cough etiquette ❖ Isolation and Treatment ❖ Prepare to implement Child Social Distancing short term<4 weeks ❖ Prepare for the cohorting of patients including utilization of home care or alternate care sites. ❖ Prepare for the security and protection of critical infrastructure. ❖ Prepare for local mass fatalities ❖ Prepare for mass vaccination /prophy clinics ❖ Prepare to support/protect critical infrastructure ❖ Prepare for implementation of community strategies at the direction of State of Alaska Division of Public Health

Table 3. Possible Public Health Response Strategies: Pandemic Period

CDC Pandemic Severity Index Categories	World Health Organization Phase 6			
	Federal Government Response Stages			
	3 Widespread human outbreaks in multiple locations overseas	4 First human case in North America	5 Spread throughout the United States	6 Recovery and preparation for subsequent waves
1	<ul style="list-style-type: none"> ❖ Respiratory Hygiene/cough etiquette ❖ Isolation and Treatment 	<ul style="list-style-type: none"> ❖ Respiratory Hygiene/cough etiquette ❖ Isolation and Treatment 	<ul style="list-style-type: none"> ❖ Respiratory Hygiene/cough etiquette ❖ Isolation and Treatment 	<ul style="list-style-type: none"> ❖ Respiratory Hygiene/cough etiquette
2 and 3	<ul style="list-style-type: none"> ❖ Respiratory Hygiene/cough etiquette ❖ Isolation and Treatment ❖ Voluntary Quarantine 	<ul style="list-style-type: none"> ❖ Individual Infection Control ❖ Isolation and Treatment ❖ Voluntary Quarantine ❖ Consider Child Social Distancing short term<4 weeks ❖ Consider Adult Social Distancing- 	<ul style="list-style-type: none"> ❖ Individual Infection Control ❖ Isolation and Treatment ❖ Voluntary Quarantine ❖ Consider Child Social Distancing short term<4 weeks ❖ Consider Adult Social Distancing 	<ul style="list-style-type: none"> ❖ Individual Infection Control ❖ Replenish supplies.
4 and 5 Or Pandemic Severity Index UNKNOWN	<ul style="list-style-type: none"> ❖ Statewide Strategies-Advise, consult, monitor, support ❖ Individual Infection Control ❖ Isolation and Treatment ❖ Implement voluntary Quarantine ❖ Implement Child Social Distancing short term<4 weeks ❖ Recommend Adult Social Distancing ❖ Implement protection of critical infrastructure 	<ul style="list-style-type: none"> ❖ Statewide Strategies-Advise, consult, monitor, support ❖ Individual Infection Control ❖ Isolation and Treatment ❖ Implement voluntary Quarantine ❖ Recommend Child Social Distancing prolonged 1-3 month range ❖ Recommend Adult Social Distancing ❖ Implement protection of critical infrastructure 	<ul style="list-style-type: none"> ❖ Statewide Strategies-Advise, consult, monitor, support ❖ Individual Infection Control ❖ Implementing voluntary Quarantine ❖ Recommend Child Social Distancing prolonged 1-3 month range ❖ Recommend Adult Social distancing ❖ Implement protection of critical infrastructure 	<ul style="list-style-type: none"> ❖ Statewide Strategies-Advise, consult, monitor, support ❖ Individual Infection Control ❖ Isolation and Treatment ❖ Active monitoring in high-risk populations; for 2-3 incubation periods after control or elimination of transmission. ❖ Replenish supplies ❖ Prepare for subsequent waves

Last update 4-07-07 bjs

ENHANCED SURVEILLANCE

In Alaska, diagnostic laboratories, but not health care providers, are required to report seasonal (non-pandemic) influenza infections to the Section of Epidemiology. During an influenza pandemic, however, CDC might declare illness caused by the pandemic strain to be a disease of public health significance. In such case, the Section of Epidemiology will request health care providers and laboratories to report cases. Chapter 6 of the National Strategy for Pandemic–Influenza-Implementation Plan (May 2006) provides a detailed discussion regarding establishing enhanced surveillance measures such as making influenza reportable by health care providers during an influenza pandemic (this document is available at: http://www.whitehouse.gov/homeland/nspi_implementation.pdf).

DIRECTOR, DIVISION OF PUBLIC HEALTH WILL:

During Pandemic Phases 4, 5, and 6

- Work with representatives from SECC, CDC, Section of Epidemiology, Section of Laboratories and Section of Nursing to implement the Enhanced Surveillance Plan.
- Reassign staff throughout the Division as needed for activities such as handling phone calls, data entry, tracking costs, shift changes, and collection of surveillance data from remote locations.

SECTION OF EPIDEMIOLOGY WILL:

During Pandemic Phase 4

- Activate State of Alaska Emergency Communications Plan
- Work with CDC, Arctic Investigations Program, and Quarantine Officer to implement the plan.
- Use the influenza-like illness (ILI) case definition, or other case definitions, as appropriate, for surveillance to detect increases of illness in the community. The ILI case definition for seasonal influenza is an illness characterized by fever (temperature of $\geq 100^{\circ}\text{F}$ [37.8°C]) and cough and/or sore throat in the absence of a known cause other than influenza.
- Provide information on any revisions to the ILI case definition and methods of diagnosis to health care providers and facilities through Health Alert Network (HAN) notices, the Epidemiology Bulletin, and the media.
- Convene teleconferences with hospitals and clinicians to communicate enhanced surveillance procedures.
- Provide informational messages and regularly scheduled status updates to public and health care providers, with special alerts as necessary.
- Identify resource needs and pre-position supplies for collection of microbiological specimens to outlying geographic areas.
- Disseminate community disease exposure control (non-pharmaceutical interventions) information.
- Contact key industries and school districts for weekly reports of absenteeism.
- Contact hospital infection control practitioners regularly to discuss any patients meeting the pandemic influenza case definition.

- Establish surveillance for ILI among patients visiting emergency departments utilizing the *Enhanced Surveillance Form* included in this supplement.
- Analyze emergency department data regularly for disease trends and characteristics of pandemic.
- Contact hospital laboratories regularly to make sure that laboratories have an adequate stock of viral transport media and request immediate reporting of positive influenza rapid tests (if applicable).
- Utilize electronic laboratory surveillance from key hospitals to track confirmed cases, if possible.
- Establish and maintain a database of possible cases of pandemic influenza.
- Maintain Epidemiology Team “fitness for duty” (i.e., immunizations, PPE training, and supplies such as influenza specimen collection and shipping materials).
- Analyze database regularly, prepare report on epidemiology of pandemic influenza cases, and post on web site.
- Communicate surveillance data through the Epidemiology *Bulletin*, HAN, or other communication channels, as appropriate.
- Track the number of contacts in home or work quarantine and/or taking prophylactic antiviral medication.

During Pandemic Phases 5 and 6

- Continue the aforementioned tasks.
- Track trends in influenza disease activity and conduct special investigations, when possible, to identify populations that are severely affected.
- Track antiviral medication and vaccine distribution.
- When a vaccine is available, track vaccine safety through the Vaccine Adverse Events Reporting system (VAERS).
- Monitor the pandemic’s impact on health (e.g., by tracking outpatient visits, hospitalizations, and deaths).

SECTION OF LABORATORIES WILL:

During Pandemic Phases 4, 5, and 6

- Utilize the Supplement C Specimen Collection and Laboratory Testing guidance.
- Triage specimen samples.
- Develop guidelines for diagnostic testing in coordination with Section of Epidemiology.

SECTION OF NURSING WILL:

During Pandemic Phases 4, 5, and 6

- Assist with educating and disseminating pandemic influenza information prepared by DPH through the 23 Public Health Centers.
- Keep Section of Epidemiology updated regarding distribution of antiviral drugs or vaccines, if available.
- Assist with incorporating disease surveillance and outbreak containment information into local emergency planning.
- Make sure that staff personnel are fit tested and equipped with PPE and specimen collection capabilities to assist with fieldwork.
- Maintain a small cache of appropriate packaging material at each Public health Center to assist with initial specimen collection.
- Include Public Health Centers in local emergency response phone trees.

HOSPITALS AND CLINICS

During Pandemic Phases 4, 5, and 6

Section of Epidemiology staff will request assistance from health care providers and associated staff to identify cases of pandemic influenza. Data collected will assist with early detection, investigation, and community intervention decisions. Personnel at hospitals and clinics should regularly monitor the Section of Epidemiology webpage (www.epi.hss.state.ak.us) for updates during these phases.

The Alaska Division of Public Health requests hospitals and/or clinics to:

- Review pandemic influenza response plans (assistance is available from the Division of Public Health).
- Activate pandemic influenza plans and infection control protocols in order to secure and maintain supplies, manage human resources, and provide health care in a manner that is efficient and maintains the infrastructure of the community's health care capacity.
- Increase activities designed to identify cases of illness that might be caused by a pandemic strain of influenza.
- Assist the Section of Epidemiology in the surveillance, investigation, control, and treatment of patients utilizing the Pandemic Influenza Suspect Case Protocol algorithm.
- Maintain communications throughout points of entry into hospital or clinic to assure early identification and implementation of appropriate infection control precautions.
- Using the Enhanced Surveillance Form, provide Section of Epidemiology with weekly counts of patients evaluated with suspected pandemic influenza.
- Perform active monitoring of staff exposed to patients with pandemic influenza
- Activate the Hospital Executive Management Team to ensure Hospital Emergency Incident Command System (HEICS) can be activated as necessary.
- Be prepared to coordinate and/or assist with separate triage and alternate care sites in their respective communities.

Enhanced Surveillance Surveillance Form – State of Alaska DHSS

Instructions: Please use this form to report cases of pan-flu when instructed by the Section of Epidemiology to begin Enhanced Surveillance. A case definition will be provided at that time.

Person Reporting: _____

Institution Affiliation: _____ **Week of:** ____ / ____ / ____

Phone: _____

Check one: ED <input type="checkbox"/> - OR - TRIAGE CENTER <input type="checkbox"/> Center Name: _____												
	Date	# Visits	#Visits w/Pan Flu Dx	Ages of Pan Flu Patients				Triage To:				
				0-4	5-24	25-64	≥65	Home		Hosp	Alt Care Site	Morgue
								Not Flu	Isolation			
Sun												
Mon												
Tues												
Wed												
Thu												
Fri												
Sat												

HOSPITAL / INPATIENT								
	Date	# Beds Filled	# Beds w/Pan Flu Dx	Ages of Hospitalized Pan Flu Patients				# Deaths due to Pan Flu
				0-4	5-24	25-64	≥ 65	
Sun								
Mon								
Tues								
Wed								
Thu								
Fri								
Sat								

Email daily to Epidemiology at: outbreak.state.ak.us - OR - Fax daily to Epidemiology at: (907) 562-7802

Pandemic Influenza Suspect Case Protocol

HOSPITAL

Provider suspects a novel influenza strain

- Verify HCW PPE (mask, goggles, gown and gloves)
- Mask patient
- Isolate patient in negative pressure room or single room (if negative pressure room unavailable)
- Notify hospital ICP
- Verify that patient meets case definition

- Alaska Section of Epidemiology approves specimen collection

Collect Multiple Specimens

- Rapid flu test (if available)
- Preferred specimens: oropharyngeal swab or lower respiratory tract (e.g., bronchoalveolar lavage or tracheal aspirate) into viral transport medium
- Acceptable: nasal or nasopharyngeal swab
- Acute serum (5 ml) in red top tube

Submit specimens with Specimen Collection Form to ASVL in Fairbanks via GoldStreak (Section of Epidemiology will help expedite)

ICP:

- Identify affected hospital personnel
- Consult with Section of Epidemiology concerning antiviral prophylaxis

Consult with Section of Epidemiology concerning antiviral treatment

EPIDEMIOLOGY

Notify Section of Epidemiology:

1-907-269-8000
OR
1-800-478-0084

- Complete CDC Case Screening Form
- Advise the treating physician on treatment; provide treatment if needed

AND

- Notify Division Director and Section Chief
- Notify CDC DEOC at 1-770-448-7100

AND

Advise ASVL of pending specimens and help expedite

AND

- Interview patient or family member to identify close contacts or others exposed to avian source
- Determine and provide post-exposure prophylaxis as needed.
- Coordinate support for necessary home I & Q

05/07

PANDEMIC INFLUENZA NOTIFICATION PROTOCOL:
For first suspected or confirmed human cases of avian or pandemic influenza in Alaska

Assumptions:

- Reports of notifiable conditions and unusual infectious disease events are reported to the Surveillance and Outbreak Team (Epi Team) in the Section of Epidemiology.
- The Section of Epidemiology triages all specimens submitted for H5N1 HP avian influenza A or pandemic strains of influenza testing at the Alaska State Public Health Laboratories.
- The Alaska State Public Health Laboratories (ASPHL) performs all in-state testing for H5N1 HP avian influenza and pandemic influenza on specimens collected from humans with influenza-like illness.
- Confirmatory laboratory testing is done at the Centers for Disease Control (CDC) or other approved out-of-state laboratory.

Possible scenarios:

- 1) A patient is suspected to have avian or pandemic influenza:
The Division of Public Health (Section of Epidemiology) receives a report of a case of avian or pandemic influenza from an in-state health care provider. An epidemiologic investigation of the report confirms that the suspected case meets the CDC and/or World Health Organization case definition. Laboratory testing at the ASPHL or other laboratory is pending.
- 2) Positive laboratory test for H5N1 HP avian influenza A or pandemic influenza is reported:
 - a) A clinical specimen is submitted directly to ASPHL and subsequently approved for testing by the Section of Epidemiology. The specimen is a preliminary positive.
 - b) The CDC or other approved laboratory confirms a preliminary positive test and reports to the Division of Public Health.
 - c) An out-of-state laboratory reports a positive test from a person who may have been infected while in Alaska.

Who is notified about suspect or positive sample results (See flow chart on Page 56):

Scenario 1 or 2 is identified by the Section of Epidemiology Surveillance and Outbreak Team (Epi Team).

- The Epi Team will notify the State Chief Epidemiologist.
- The State Chief Epidemiologist will notify:
 1. Public Health Division Director.
 2. Chief of Public Health Nursing.
 3. Chief of Alaska State Public Health Laboratories.
 4. Preparedness Program Manager.
 5. Center for Disease Control & Prevention.
 6. And, ensure these additional actions are taken:
 - a. Preparation of an initial situation report about investigation.
 - b. Supervise the preparation and distribution of a Public Health Alert for health care providers.
 - c. Supervise the preparation and distribution of an Epidemiology *Bulletin*.

- The Director of Public Health will notify:
 1. The Public Health EOC Incident Commander.
 2. DHSS Commissioner Karleen Jackson.
 3. The Multi-Agency Coordination (MAC) Group (*The DHSS Commissioner is the co-chair of the MAC; she has delegated that responsibility to the DPH Director. However, either one can perform this function.*)
 4. DHSS Special Assistant for Communications; Special Assistant will notify designated Public Information Officer.
- The DHSS Commissioner will notify:
 1. Governor's Office: Special Staff Assistant and Deputy Chief of Staff.
- EOC Incident Commander will:
 1. Convene an EOC Planning teleconference (DPH Director; Deputy Director; Section Chiefs for Epi, Labs, PHN and IPEMS; Preparedness Program Manager).
 2. Notify the State Emergency Coordination Center.

Public communication scenarios

NOTE: Refer to the following documents for specifics of public communication response plan; general response noted below:

Emergency Operations Plan, Risk Communication Annex (Annex B)

Pandemic Influenza Response Plan, Communication Sections (Interpandemic/Pandemic Alert and Pandemic Period)

- The first human cases detected in Alaska:
 1. In the event that either a presumptive positive or confirmed positive case is reported, Section of Epidemiology staff will provide the facts of the case to the Division of Public Health EOC Public Information Officer, who will prepare appropriate press materials and begin media event planning.
 2. The draft news release will be routed for approval to:
 - a. DPH Chief Epidemiologist
 - b. EOC Incident Commander
 - c. DHSS Commissioner
 - d. Once approved, it will be disseminated to state media outlets and local, federal and state agency partners as identified.
- Additional human cases:
 1. As new cases are reported, regular updates will be provided using chains of communication described above.
 2. As additional cases and related deaths are reported, this information will be released to the news media on a regular basis.

PANDEMIC INFLUENZA RESPONSE PLAN OPERATIONAL CHECKLIST

Alaska Influenza Plan Periods	Interpandemic & Pandemic Alert Periods			Pandemic Periods	Check off
	Phases 1-3	Phase 4	Phase 5	Phase 6	
WHO Pandemic Alert Phases					
Command, Control and Management Procedures					
State of Alaska Emergency Operations Center – Operational 24/7					
Develop a state pandemic influenza preparedness plan that links with existing State of Alaska Division of Public Health, Emergency Operations Plan					
Integrate and coordinate state and local community response plans.					
Coordinate activities with bordering jurisdictions					
Educate public prior to the onset of an influenza pandemic on expectations, roles, and responsibilities					
Activate State of Alaska Division of Public Health Pandemic Response Plan					
Revise and update State Influenza Plan					
Surveillance and Investigation					
Continue virologic Surveillance					
Promote and expand disease surveillance network					
Monitor state influenza activity weekly, consider year around surveillance					
Ensure test kits are available at all hospitals					
Train HC providers concerning suspect cases					
Activate enhanced surveillance					
Consider activating emergency staffing levels					
Activate disease investigation teams					
Health Care Systems					
Educate Health care Providers about pandemic flu					
Promote and train infection control measures					
Provide or facilitate testing, management and investigation of suspected patients with novel influenza virus					
Assure proper specimen collection and shipping					
Work with CDC to investigate and report special pandemic situations					
Provide criteria for evaluating patient					
Initiate active screening & triage of symptomatic people					
Limit movement and transport of patient with influenza					
Assist with clinical management of pt. meeting criteria					

Alaska Influenza Plan Periods (continued)	Interpandemic & Pandemic Alert Period			Pandemic Period	Check off
	Phases 1-3	Phase 4	Phase 5	Phase 6	
WHO Pandemic Alert Phases					
Community and State Disease Control Strategies					
Develop plans to implement Social Distancing measures					
Develop community plans for Isolation and Quarantine measures					
Educate stakeholders regarding Social Distancing					
Educate public concerning social distancing measures					
Consider implementing disease control strategies according to epidemiological data and local plans.					
Educate public concerning defer travel to countries impacted by influenza					
Activate Division of Public Health Isolation and Quarantine Plan					
Individual isolation of novel influenza cases					
Quarantine close contacts of novel influenza cases					
Consider activating Division of Public Health Alternate Care Site Plan					
Monitor effectiveness of containment measures					
Vaccine Distribution and Use					
Vaccinate against seasonal influenza and pneumococcal					
Prepare for mass vaccination clinics					
Review priority groups					
Ensure effective public health communications					
Consider conducting mass clinics					
Activate prioritized vaccination plan if vaccine available					
Monitor vaccine supplies, distribution and use					
Monitor and investigate adverse events					
Antiviral Drug Distribution and Use					
Inventory store supplies					
Stockpile antivirals					
Plan and train for rapid distribution and use					
Review guidelines					
Review and revise priority groups if needed					
Educate public concerning priority groups					
Ensure effective public health communications					
Prepare to activate SNS					
Activate antiviral priority protocol					
Use antiviral for medical management novel strain					
Request resources from SNS					
Review and revise priority groups & begin to distribute					
Prepare for post-exposure prophylaxis					
Monitor antiviral drug use and effectiveness					
Monitor and investigate adverse events					
Discontinue antiviral distribution when not needed					
Recover unused supplies					

Alaska Influenza Plan Periods (continued)	Interpandemic & Pandemic Alert Period			Pandemic Period	Check off
	Phases 1-3	Phase 4	Phase 5		
WHO Pandemic Alert Phases					
Communication					
Activate interpandemic and pandemic alert communication plan					
Activate pandemic period risk communication plan					
Ensure effective public health communications					
	Presently Active				
	Consider and Activate item				
Updated 6-25-07 bjs					

COMMUNITY PLANNING CHECKLIST

Pandemic Influenza

Coordination between state and local pandemic plans is critical to assure effective implementation of response activities and delivery of quality medical care in the context of increased demand for services. The following checklist can be used to help local emergency planners identify areas that need to be addressed in the development of a community pandemic influenza plan.

A. Command, Control and Management Procedures	Completion Date/Person Responsible
<input type="checkbox"/> Develop a local pandemic influenza preparedness plan that links with existing emergency plans.	
<input type="checkbox"/> Identify who will be the local administrative decision makers during the pandemic.	
<input type="checkbox"/> Meet with local stakeholders and review major elements of the local pandemic influenza plan.	
<input type="checkbox"/> Decide when the pandemic plan is implemented and assure local emergency plans are implemented during the influenza pandemic.	
<input type="checkbox"/> Develop and implement a local mass vaccination plan based on the state's EOP Mass Prophylaxis Annex F.	
<input type="checkbox"/> Develop a plan to close and re-open schools, businesses, and other public events, if necessary.	
<input type="checkbox"/> Develop a plan to educate the public prior to the onset of the pandemic.	
<input type="checkbox"/> Coordinate activities with bordering jurisdictions.	
B. Surveillance	
<input type="checkbox"/> Support state surveillance activities including Sentinel Clinician Surveillance and Laboratory Surveillance and any enhanced surveillance activities that may be requested during a pandemic.	
<input type="checkbox"/> Monitor local hospital census.	
<input type="checkbox"/> Monitor local death rates.	
<input type="checkbox"/> Monitor absentee rates in schools.	
<input type="checkbox"/> Keep the SOE informed of all surveillance activities.	
C. Vaccine Delivery	
<input type="checkbox"/> Identify locations for mass clinic sites.	
<input type="checkbox"/> Continue to emphasize annual influenza vaccine and the use of pneumococcal polysaccharide vaccine during the Interpandemic and Pandemic Alert Periods.	
<input type="checkbox"/> Coordinate activities with bordering jurisdictions.	
<input type="checkbox"/> Identify priority groups for vaccination based on state recommendations.	
<input type="checkbox"/> Use current population estimates to quantify the number of persons in priority groups for vaccination.	
<input type="checkbox"/> Utilize state standing orders for influenza vaccination.	
<input type="checkbox"/> Assure the security of influenza vaccine during storage and delivery when available.	
<input type="checkbox"/> Develop, practice and, if needed, implement a Mass Vaccination Clinic Plan in conjunction with the state EOP.	

D. Antivirals	Completion Date/Person Responsible
<input type="checkbox"/> Using state-wide plans, identify high-risk groups in the community that antivirals will likely be needed for if vaccine is not available.	
<input type="checkbox"/> Coordinate the delivery of antivirals to high-risk individuals in the community based on state recommendations.	
<input type="checkbox"/> Determine whether state will stockpile antivirals, and if so amounts and use.	
E. Risk Communication	
<input type="checkbox"/> Develop a communication plan in conjunction with local emergency management coordinators, and the hospital or the primary local health care facilities, in the area, to coordinate with the state risk communication plan.	
<input type="checkbox"/> Coordinate communication plans with HRSA recommendations to address public and media needs.	
<input type="checkbox"/> Develop a 24/7 contact list for staff.	
<input type="checkbox"/> Develop a list of local media contact names and numbers and methodology to quickly send them information.	
<input type="checkbox"/> Develop an internal plan on how to distribute information passed on from DHSS/SOE to appropriate local health care staff.	
<input type="checkbox"/> Establish a local information hotline and develop a plan to staff the call center.	
<input type="checkbox"/> Determine how daily briefings with spokespersons and clinic leaders would be conducted to determine new information to be relayed to public and SOE for state communications.	
<input type="checkbox"/> Develop a method to post current information on an appropriate website.	
<input type="checkbox"/> Develop plans for communicating with special populations in the local area (AK Native languages, Filipino, Spanish, Russian, etc.)	
<input type="checkbox"/> Designate spokespeople for local media. Identify a primary spokesperson and backups in conjunction with local emergency management. Spokesperson may be an elected official, medical personnel or public relations person.	
F. Health Care/Emergency Response	
<input type="checkbox"/> Develop and maintain an inventory of emergency medical personnel and supplies.	
<input type="checkbox"/> Identify local surge capacity sites.	
<input type="checkbox"/> Develop and coordinate a local Emergency Operations Plan (EOP) to include plans for pandemic influenza with local public health centers in consultation with local emergency managers.	
<input type="checkbox"/> Participate, if requested, in mass casualty/fatality disaster exercises.	
<input type="checkbox"/> Assure local registrars have development of plans for filing and issuing death certificates in a mass fatality situation.	
<input type="checkbox"/> Activate the hospital plan in conjunction with the Division of Public Health.	
<input type="checkbox"/> Identify essential services within the jurisdiction and develop a local plan to assure as little as possible interruption of these services. Services may include fire protection, water, sewer, home health care, and delivery of food to those in need.	

References

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6. Department of Health and Family Services, Bureau of Communicable Diseases. (2004). Wisconsin Pandemic Influenza Preparedness Plan.
7. Department of Health and Human Services, National Vaccine Program Office. (2004) Pandemic Influenza Preparedness Plan, (Annex's 7, 8, 9).
8. Massachusetts Comprehensive Emergency Management Plan. (2003) Draft 5.3, Template for Local Infectious Disease Emergency Planning and Response, MATown, Massachusetts.
9. New Jersey Department of Health and Senior Services. (2004). Influenza Surge Capacity Guidance for General Hospitals.
10. North Carolina Pandemic Influenza Plan. October 1, 2004
11. Seattle & King County Pandemic Influenza Response Plan. December 1, 2005
12. United States Department of Health and Human Services Pandemic Influenza Plan, November 2005
13. World Health Organization. (2004). WHO Consultation on Priority Public Health Interventions Before and During an Influenza Pandemic.

Pandemic Influenza Website References and Recommended Reading

HHS National Pandemic Influenza Response and Preparedness Plan <http://www.hhs.gov/pandemicflu/plan/>

CDC website <http://www.cdc.gov/flu/pandemic.htm>

Canadian Pandemic Influenza Plan <http://www.phac-aspc.gc.ca/cpip-pclcpi/index.html>

BC Pandemic Influenza Preparedness Plan <http://www.bccdc.org/content.php?item=150>

WHO Influenza Web Site: <http://www.who.int/csr/disease/influenza/en/>

WHO Checklist for Pandemic Preparedness Planning: <http://www.who.int/csr/resources/publications/influenza/en/FluCheck5.pdf>

Influenza and Infection Control

Updated Infection Control Measures for the Prevention and Control of Influenza

Infection Control Recommendations for Health Care Facilities: <http://www.cdc.gov/flu/professionals/infectioncontrol/>

Control of influenza outbreaks in institutions: <http://www.cdc.gov/flu/professionals/infectioncontrol/institutions.htm>

Preventing the spread of influenza in child care settings

<http://www.cdc.gov/flu/professionals/infectioncontrol/childcaresettings.htm>

Guidance on the Prevention and Control of Influenza in the Peri- and Postpartum Settings

<http://www.cdc.gov/flu/professionals/infectioncontrol/peri-post-settings.htm>

Guidance on the Use of Masks

Guidance on the Use of Masks to Control Influenza Transmission

<http://www.cdc.gov/flu/professionals/infectioncontrol/maskguidance.htm>

Respiratory Hygiene

Respiratory Protection Program: <http://www.health.state.mn.us/divs/idepc/dtopics/infectioncontrol/rpp/index.html>

Avian Influenza

Avian Influenza <http://www.cdc.gov/flu/avian/index.htm>

Avian Influenza Update: <http://www.cdc.gov/flu/avian/professional/han020405.htm>

Alaska Information

Health Care Facilities Licensing and Capacity Information: <http://health.hss.state.ak.us/dhcs/PDF/HFLC-FacilityList-02-03.pdf>

Current influenza activity in the State of Alaska: <http://www.epi.hss.state.ak.us/id/influenza/influenza.jsp>

- Recommended Reading

- Crosby AW. America's Forgotten Pandemic: The Influenza of 1918. Cambridge: Cambridge University Press, 1989.
- Kolata G. Flu: The Story of the Great Influenza Pandemic of 1918 and the Search for the Virus that Caused It. New York: Farrar, Straus and Giroux, 1999.
- Barry JM. The Great Influenza. New York: Penquin Books, 2004.

Training Videos

Training on Emergency Management and the Incident Command System (ICS) The Federal Emergency Management Agency (FEMA) offers on-line courses in the ICS and other aspects of emergency planning and response at: <http://training.fema.gov/EMIweb/IS/crslist.asp>