



Public Health Pandemic Influenza Plan



November 1, 2006

State of Oregon
Emergency Management Plan
Annex F Public Health and Medical Services
Hazard Appendix 4.1

This appendix is part of Annex F of the State of Oregon Emergency Management Plan and should be used in conjunction with the other appendices. It is not a stand-alone plan.

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Executive Summary

Influenza virus typically causes annual winter outbreaks of respiratory illness characterized by fever, cough, muscle aches, and malaise; complications such as lung infection (pneumonia) occur mostly in the elderly. An *influenza pandemic* begins when a new strain of influenza virus, to which humans have no immunity, emerges and causes disease that is more widespread and more severe than usual. Pandemics are characterized by higher-than-usual numbers of illness and an increase in the death rate. A severe human influenza pandemic is a global health emergency and has not been encountered for nearly 90 years. We cannot predict when a pandemic will occur and whether it will be a “worst-case scenario” (such as the oft-noted 1918 experience in which an estimated 500,000 people died in the United States) or a much milder scenario (such as the pandemics that occurred in 1957 and 1968).

The 2006 Oregon *Pandemic Influenza Plan* builds on a planning effort that began in 2001. The detailed federal Health and Human Services plan released in November 2005 and the steady spread of a new type of severe influenza in birds (H5N1) prompted the expansion and revision of the Oregon plan. The Oregon *Pandemic Influenza Plan* is a “Hazard-Specific Appendix” of the *Health and Medical (ESF 8) Annex* of the *State of Oregon Emergency Plan*; it contains information and concepts that are specific for pandemic influenza and is not intended as a stand-alone plan.

The Oregon *Pandemic Influenza Plan* assumes a “moderate” scenario and makes the following important assumptions about the pandemic threat:

- Approximately 35% of the population will become ill.
- Outbreaks will occur in one or more waves, each lasting six or more weeks in a given community.
- Concurrent outbreaks will limit mutual aid between communities, states or countries.
- Of 3.6 million Oregonians, approximately 12,000 will require hospitalization and nearly 3,000 will die.
- An effective vaccine will not be available at the onset of a pandemic.
- The value of nonmedical measures (e.g., quarantine) to control a pandemic is unknown.
- The capacity of the health care system will be degraded by illness among health care workers and shortages of essential supplies.

The World Health Organization (WHO) developed a planning framework that describes 3 periods of pandemic threat: Interpandemic (no threat), Pandemic Alert (possible threat), and Pandemic (outbreak started). This plan follows the WHO scheme with the understanding that actual events may not be so easily characterized. The public health response will intensify as a pandemic appears more likely and with the proximity of a new strain of influenza to North America or the Northwest.

If a pandemic occurs, the Oregon State Public Health Division (OSPHD) will be the lead state agency in Oregon and will operate under a National Incident Management System-compliant Incident Command System, in collaboration with Oregon’s 34 local health

departments as well as American Indian tribal jurisdictions. Timely and consistent information for the public, hospitals, health care providers and other partners will be coordinated through a Joint Information Center (JIC). OSPHD and local health departments will support hospitals and health care providers in their efforts to provide essential routine care as well as the additional emergency care needed during a pandemic.

During the Pandemic Alert period surveillance will focus on laboratory detection of cases and intensive follow-up of exposed contacts; during the pandemic period efforts will emphasize tracking deaths and hospitalizations to determine those groups of people at greatest risk for severe outcome.

OSPHD and local health departments will support hospitals and health care systems in their efforts to provide essential routine care as well as the additional emergency care needed in a pandemic. Early in a pandemic OSPHD will take the lead in receiving, storing and staging antiviral drugs and other medical supplies from the federal Strategic National Stockpile to be distributed to hospitals, clinics and local health departments. The same mechanisms will be used to distribute vaccine when it becomes available. Meanwhile OSPHD will endeavor to coordinate the consistent and rational use of community control measures, such as school closures, across local, state, tribal and federal jurisdictions. These efforts will emphasize the use of well-reasoned voluntary measures by enlisting the cooperation of the public.

Finally, the importance of maintaining a functioning community cannot be overemphasized, and this plan begins to address the emotional needs of those responding to and affected by the pandemic. The ongoing provision of essential services across the state will help to minimize the impact of a pandemic.

In writing this plan, the following key areas for further effort were identified:

- Coordination of the many Incident Command Systems that will be operating at the state and local levels during a pandemic.
- Integration of communication response among public health agencies across the state and between public health, hospitals, health care systems and other emergency-response organizations for a prolonged period.
- The development of systems to provide basic medical care for a sudden increase in patient volume in a widespread health emergency.
- The development of a process to make, communicate and implement “community containment” measures, such as school closures and quarantine (voluntary or mandatory).

The *Pandemic Influenza Plan* can be used by the many public and private partners of OSPHD to understand how the public health system will respond to an influenza pandemic. We expect that this will prompt further definition and refinement of the roles and responsibilities of all involved. In addition, the plan will be used within OSPHD to identify gaps in planning and to help develop the exercises needed to test whether the plan is workable and effective.

1.0 Introduction

A global outbreak of a new strain of human influenza is an influenza pandemic; such an event is inevitable, but the timing and the severity of the pandemic cannot be predicted. The Oregon *Pandemic Influenza Plan* describes how the Oregon State Public Health Division (OSPHD) will prepare for and respond to an influenza pandemic.

This plan is an appendix to the Oregon State Emergency Management Plan. It is organized into the following parts:

- The appendix explains the roles and strategies of OSPHD in coordinating the public health response to a pandemic with the federal government, local health departments, the health care community, and other key partners.
- *Attachments* to this appendix describe specific OSPHD activities, such as communication, surveillance, and distribution of vaccine and antiviral drugs before, during and after a pandemic.
- *Tabs* in each attachment provide more detailed descriptions of these activities.

1.1 Pandemic Influenza Background

Influenza A, a contagious viral respiratory disease, causes widespread infection in all age groups every year. Influenza pandemics occur intermittently because influenza A can change into new subtypes of the virus to which humans have no immunity. Influenza pandemics occurred three times in the 20th century (1918, 1957, and 1968). Over 20 million deaths occurred worldwide in the 1918 pandemic, while in 1957 and 1968 mortality was much, much less. When the next pandemic occurs, people across the globe will be affected within a few months, which will severely limit options to provide mutual aid across jurisdictions. For more detailed information about past pandemics, visit the U.S. Department of Health and Human Services (HHS) pandemic flu Web site (<http://www.pandemicflu.gov>).

In 2003 an outbreak of a particular influenza A subtype, called H5N1, was detected in wild and domestic birds in Asia and is likely to spread to all continents. Although this is not an inevitable precursor to a human pandemic, widespread disease in birds may increase the chance that a new strain will emerge in humans. Therefore, this plan also addresses detection and response activity around humans exposed to birds infected by H5N1. The biology and transmission of human and non-human influenza viruses are the basis for the World Health Organization (WHO) “Pandemic Phases.”

1.2 World Health Organization Pandemic Phases

This plan follows the framework used by the WHO to describe the phases of pandemic influenza (see Table 1). Each phase is defined by the frequency and communicability of a new influenza virus in humans. From early in 2004 to March 2006, the global status has been Phase 3. The Oregon response follows the progression suggested by the WHO phases, modified for disease activity in the United States and Oregon.

Table 1: WHO Pandemic Phases

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

2.0 Purpose and Authorities

The purpose of the Oregon Pandemic Influenza Plan is to lessen the impact of an influenza pandemic on the residents of Oregon. This plan focuses on elements unique to an influenza pandemic. Wherever response is typical of response to any communicable disease or other public health emergency, this plan refers to the appropriate section of *Annex F, ESF-8 Health and Medical Services* in the *Oregon State Emergency Management Plan*. Annex F can be found on the Health Alert Network (HAN) Web site (www.oregonhan.org) or can be requested by contacting the OSPHD Public Health Preparedness Program (971-673-1308).

Table 2 lists the most relevant Oregon Revised Statutes for pandemic influenza planning and response. In addition, specific authorities are stated where pertinent in each attachment.

Table 2: Selected Legal Authorities

Oregon Revised Statute	Title
401.015	Statement of policy and purpose (emergencies).
401.035	Responsibility for emergency services systems.
401.043	Emergency Management Assistance Compact.
401.055	Declaration of state of emergency; procedures.
401.065	Police powers during state of emergency; suspension of agency rules.
401.115	Additional powers during emergency.
401.515	Nonliability for emergency services; exception; emergency service workers as agents of state or local governments.
401.654	Registry of emergency health care providers.
431.110	General powers of Department of Human Services.
431.120	Duties of Department of Human Services; rules.
431.150	Enforcement of health laws generally.
431.170	Enforcing health laws and rules when local officers are delinquent.
431.530	Authority of local health administrator in emergency.
431.550	Authority of Department of Human Services to collect information from local public health administrators.
433.004	Reportable diseases; duty to report; effect of failure to report; rules.
433.006	Investigation and control measures.
433.019	Procedure to impose public health measure; enforcement.
433.022	Taking subject into custody; information to subject; notice to court; court order; duration of custody.
433.035	Examination of certain persons prior to imposition of public health measure.
433.040	Vaccine Education and Prioritization Plan; implementation of plan during vaccine shortage; rules; penalties.
433.106	Power to impose public health measures.
433.441	Proclamation of state of impending public health crisis.
448.160	Emergency plans.

3.0 Situation and Assumptions

The estimated health impact of the next influenza pandemic on Oregon's 3.4 million population (based on 2000 census data) depends on the assumptions used. The HHS pandemic influenza plan makes estimates for the entire United States using two sets of assumptions: one moderate and one severe (see the 2005 *HHS Pandemic Influenza Plan*). In this plan, the estimates have been modified to be Oregon specific by assuming that 1.3% of the U.S. population resides in Oregon. The scenarios differ in the severity of illness (e.g., hospitalizations and deaths) but not in the number of illnesses or number of people seeking medical care (Table 3).

Note: This plan is based on the moderate scenario with the intention that responses will be scaled upward if the impact is more severe.

Table 3: Health Impacts of Moderate and Severe Influenza Pandemics on Oregon

Characteristic	Moderate Pandemic	Severe Pandemic
Illness	1.17 million	1.17 million
Outpatient	585,000	585,000
Hospitalized	11,245	128,700
Intensive Care	1677	19,305
Ventilator Use	845	9646
Death	2717	24,700

Assumptions. This plan makes the following assumptions about pandemic influenza:

- Oregon State Public Health Division is the lead state agency for responding to pandemic influenza.
- A pandemic is a public health emergency with political, social and economic dimensions; it is likely to affect everyone in Oregon.
- The entire population will be at risk of illness from a new subtype of influenza.
- The overall estimated clinical attack rate will be 35%, ranging from 20% among working adults to 40% among school-aged children.
- Of those who become ill, 50% will seek medical care.
- Risk groups for severe infections cannot be completely predicted ahead of time; the elderly, the very young, and those with compromised immune systems are likely to be at high risk.
- For seasonal influenza, the typical incubation period (the time between acquiring the infection until becoming ill) is two days. This plan assumes the same incubation period for a new strain of influenza.
- People who become ill may transmit the virus for up to one day before the onset of symptoms.
- In an affected community, a pandemic outbreak will last six to eight weeks. Illness is expected to occur in distinct outbreaks or “waves” separated by weeks to months, lasting up to 18 months.
- Outbreaks are expected to occur simultaneously throughout much of the United States, limiting mutual aid of human and material resources that normally occurs with other natural disasters.
- The number of hospitalizations and deaths will depend on the virulence of the pandemic virus. Estimates differ about 10-fold between the moderate and severe scenarios.
- Vaccine is not expected to be available in large quantities at the onset of a pandemic.
- Certain pharmaceuticals, especially influenza antiviral drugs and antibiotics to treat secondary infections, will likely be in short supply.
- Community containment will be the only means of disease control until a vaccine is available, but these measures are of unproven benefit in a pandemic.

- Planning for the continuity of state and local government and private business operations is an essential component of preparedness. This plan assumes that continuity planning will occur in both the public and private sectors.

Challenges. The next influenza pandemic will create challenges for public health including the following:

- The timing and severity of the next influenza pandemic is unpredictable.
- Very little time may elapse between the identification of a novel influenza strain and the onset of outbreaks in the United States.
- The public health response to influenza will be prolonged, possibly lasting more than a year.
- Highly visible decisions will be needed concerning community containment in a setting of considerable scientific uncertainty about their effectiveness.
- The likely vaccine shortage will leave public health responders with no proven interventions to limit spread.
- Health care workers and other first responders will be at risk of illness, which may further degrade the capacity to care for victims.
- The surge in demand for health care during a pandemic could overwhelm the existing capacity of hospitals and clinics.

4.0 Concept of Operations

This section describes the emergency management structure that OSPHD will use during an influenza pandemic to manage resources under state control. As the state agency primarily responsible for public health and medical services (Emergency Support Function 8), OSPHD will lead the preparedness, response, and recovery activities for pandemic influenza. The OSPHD response to a pandemic will comply with the National Incident Management System (NIMS) provisions, including the use of an Incident Command System (ICS). OSPHD has primary responsibility for activating the pandemic influenza response at the level appropriate to the specific phase of a pandemic.

Within OSPHD, the ICS will include the Public Health Director, the Agency Operations Center (AOC), and various state public health program staff, as needed. The OSPHD ICS will coordinate with other state and local incident management systems as discussed in section 4.1.

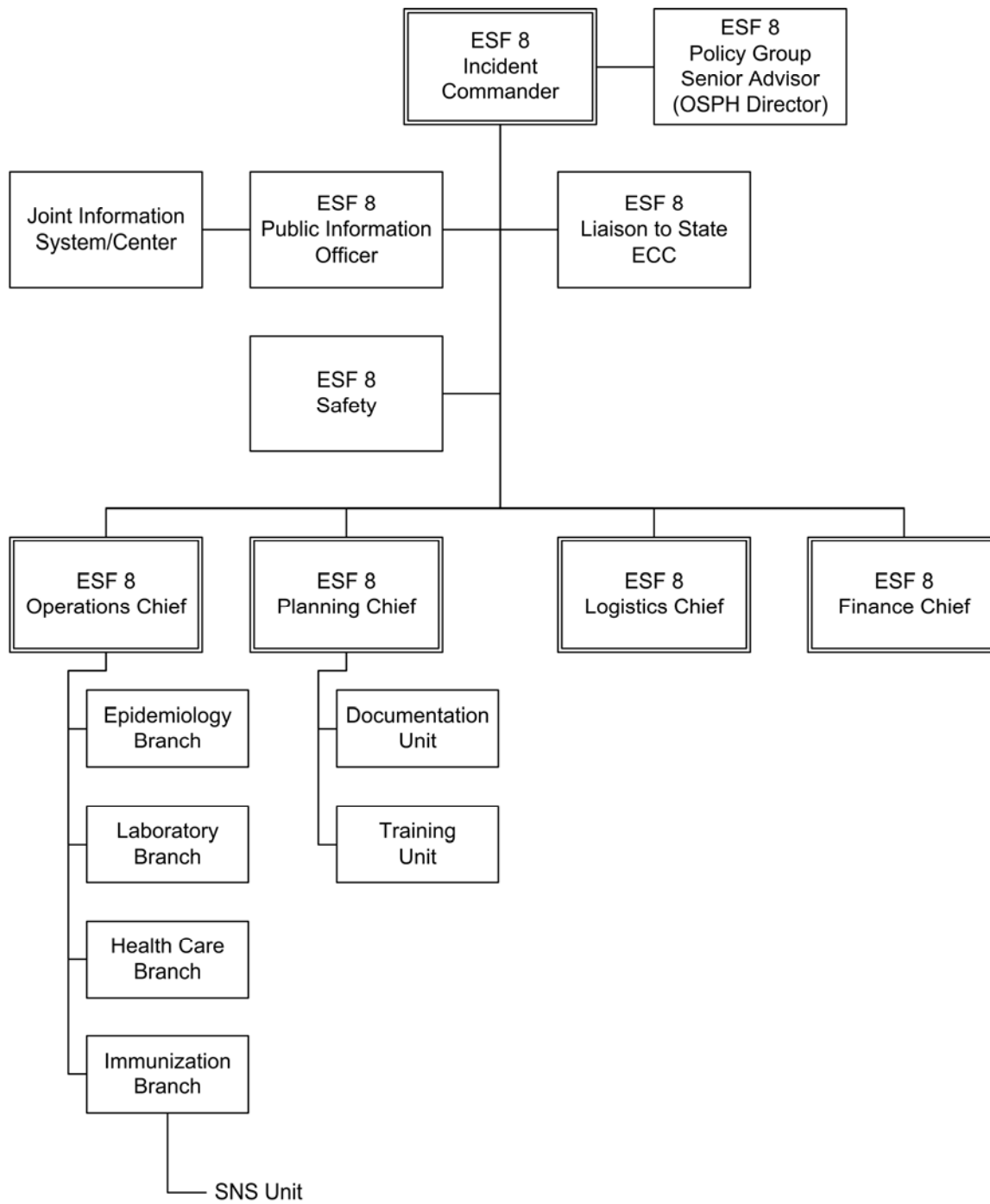


Figure 1: Proposed Incident Command Organization Chart for Oregon State Public Health Division

4.1 Coordination with State and Local Incident Management Systems

During a widespread health emergency such as an influenza pandemic, all local health departments, and their respective county Emergency Operation Centers (EOCs), will adopt an incident management structure. These systems will need to interact effectively with each other, with the Oregon Emergency Coordination Center (ECC), and with the OSPHD Agency Operations Center, as well as with other city and county response organizations.

At least two types of coordination will be needed between local health departments and the state of Oregon. First, requests for resources (material or personnel) will flow from county EOCs to the state ECC as described in the Oregon Emergency Management Plan.

Second, there will be an on-going need for high-level coordination of communication, exchange of information, and public health decision making between OSPHD and the local health departments. This aspect of coordination is under active discussion; development of NIMS-compliant structures for a prolonged, statewide health emergency is a high priority for 2006. This plan will be updated when this topic has been clarified.

4.2 Operational Priorities

To minimize the health and societal effects of a pandemic, the operational priorities for OSPHD are to:

- Coordinate state and federal activities with local public health partners.
- Support preparedness and response actions of health care organizations.
- Support other agencies as they deliver services essential to society.
- Identify the arrival in Oregon of a novel influenza virus by laboratory testing.
- Track influenza deaths and hospitalizations to identify high-risk groups.
- If disease is limited, identify the exposure source, protect the population at risk, and control further spread.
- Slow the spread of influenza through broad medical and community containment strategies.
- Disseminate accurate information for resource and policy decisions in public health and health care delivery settings.
- Publicize up-to-date information to encourage community support of public health policies and recommendations.
- Ensure equitable and scientifically-based distribution of scarce health care resources (such as vaccine and antiviral drugs) under state control to prevent severe illness or death and to limit further spread of disease.

WHO will designate the global pandemic phase as outlined in section 1.2 on page 7. The Centers for Disease Control and Prevention (CDC), in coordination with the WHO, will designate the U.S. pandemic phase, which will be the basis for OSPHD activities. Operational priorities will change with the different pandemic phases and as new information becomes available. A pandemic may not follow the specific time course of

events suggested by the WHO phases, and the activities and priorities of OSPHD will be modified based on the threat to Oregon and the United States. Examples of priorities by pandemic period are summarized in Table 4.

Table 4: OSPHD Priorities by Pandemic Period

Period	Operational Priorities
Inter-pandemic (Phases 1 and 2)	<ul style="list-style-type: none"> • Strengthen pandemic influenza preparedness at the state and local levels. • Collaborate with agricultural and wildlife officials to monitor any humans who contact animals potentially infected with a new influenza virus subtype that could be transmitted to humans.
Pandemic Alert (Phases 3, 4, & 5)	<ul style="list-style-type: none"> • Ensure rapid early detection, notification and response to any cases of novel influenza in Oregon. Identify key areas of need and barriers to response. Complete initial state, local, hospital, and business pandemic planning. Exercise plans to test coordination. • If cases are present in Oregon, contain the new virus within limited clusters to delay or stop spread. Activate AOC and pandemic influenza response plan; assess gaps. Finalize disease reporting, communication, vaccination, and antiviral drug plans and policies.
Pandemic (Phase 6)	Minimize the impact of the pandemic, while striving to maintain provision of essential services.
Post-pandemic	Continue public health actions, evaluations and preparations for additional outbreaks or waves of disease.

4.3 Activation of the OSPHD Emergency Management Organization

The OSPHD emergency management organization will be activated either by the first detection of laboratory-confirmed novel influenza virus in a human anywhere in the United States or by evidence of sustained human-to-human transmission of the virus anywhere in the world (WHO Pandemic Phase 5). The OSPHD Director may then request that the Governor declare an impending public health crisis or proclaim a State of Emergency. Staff in all OSPHD programs may be mobilized during an emergency to fill incident management positions and perform duties outside their normal roles.

The first human case of influenza caused by a novel influenza virus in Oregon will likely be detected by clinical evaluation and laboratory testing of a patient with a respiratory illness. Up-to-date case definitions and criteria for testing will be distributed to clinicians and health care facilities through established channels (*CD Summary*, the Health Alert Network, fax alert system) as the global situation evolves. At the time of the publication of this plan in March 2006, the case definitions used in the 27 December 2005 *CD Summary* are current (oregon.gov/DHS/ph/cdsummary/2005/ohd5426.pdf).

4.4 Agency Operations Center (AOC)

The OSPHD AOC is the physical location for OSPHD staff to coordinate activities and will serve as the site for the OSPHD ICS. At the AOC, staff will:

- Coordinate the OSPHD response including surveillance, laboratory testing, public health policy, and communication.
- Coordinate information flow to and from:
 - Federal agencies
 - OSPHD programs and other state agencies
 - Local health departments
 - Tribal governments
 - Health care organizations
 - Health care providers and medical suppliers
- Assist the state ECC in fulfillment of local and state medical and health resource requests by acquiring public health and medical personnel, medical supplies, pharmaceuticals and equipment through appropriate channels.
- Provide a coordination center for technical questions and medical issues for the Oregon local health departments.
- Provide medical and public health input to policy makers.

The Oregon Emergency Response System (OERS), will be notified when the AOC is activated. During initial activation of the AOC, the Incident Commander will coordinate with both key OSPHD staff and with local health departments, key state agencies, and other local contacts to determine the appropriate public health actions and priorities.

5.0 Roles and Responsibilities

This section outlines the roles and responsibilities of the federal, state, and local agencies involved in the pandemic flu preparedness and response.

5.1 Federal

Agencies of the HHS have assumed primary responsibility for a number of key elements of the national pandemic influenza plan, including:

- Coordinating national and international virus surveillance, monitoring health impacts, and providing laboratory support.
- Directing and funding research on influenza virus, vaccine and antiviral drugs.
- Evaluating, licensing and providing liability programs for vaccine.
- Developing a national clearinghouse for vaccine availability, distribution and redistribution.
- Leading communication with states and other public health agencies.
- Providing policy guidance on pandemic response activities.
- Managing the Strategic National Stockpile (SNS), which caches influenza antiviral drugs.

The many other federal roles in pandemic response are outlined in the *HHS Pandemic Influenza Plan*, page 26 (www.hhs.gov/pandemicflu/plan).

5.2 Oregon State Public Health Division (OSPHD)

The section outlines the roles and responsibilities of the people and programs within OSPHD who are involved in a pandemic influenza response.

5.2.1 OSPHD Director

The OSPHD Director is responsible for the following:

- Serve as Senior Policy Advisor.
- Activate the OSPHD emergency management organization as necessary in coordination with the Public Health Preparedness program.
- Convene the Oregon Pandemic Influenza Coordinating Committee for making recommendations to the Governor's Office and to state and local agencies that respond to pandemic flu.
- Direct all necessary OSPHD resources to respond to the emergency.
- Maintain continuity of OSPHD management and operations.
- Ensure continuation of critical public health functions that are not related to pandemic flu.

5.2.2 Pandemic Influenza Coordinating Committee (PICC)

During a pandemic, a spectrum of prompt, well-coordinated health decisions will be needed. At one extreme, minor decisions, such as individual patient isolation, will be made by local health departments or health care facilities; at the other extreme, major decisions affecting large segments of the population or the economy will be made and enforced by state or federal elected officials. Recommendations to elected officials for such major decisions will come from the OSPHD Director in conjunction with the Pandemic Influenza Coordinating Committee (PICC).

Instead of forming a new committee specifically for pandemic influenza, OSPHD will solicit advice from two standing committees, the Public Health Preparedness Leadership Team (PHPLT) and the Council of Local Health Officers (CLHO), and from other experts as needed.

The PHPLT advises on public health emergency preparedness issues to ensure integration between the local and state levels. It includes senior OSPHD managers and CLHO representatives from across Oregon and is co-chaired by local and state representatives.

The Integrated HRSA Oversight Committee (IHOC) advises on policies, coordinating mechanisms and a planning framework to define and strengthen health care system preparedness in response to any emergency that creates a surge capacity event requiring a significant health care response. Its membership includes:

- Senior OSPHD managers
- Primary care, critical care, and trauma physicians

- Emergency medical services representatives
- Mental health representatives
- Representatives from clinics and hospitals

The IHOC is co-chaired by OSPHD and the Oregon Association of Hospitals and Health Systems.

5.2.3 Risk Communication Team

The Risk Communication Team consists of the OSPHD Communication Officer, the Public Health Preparedness Risk Communication Section, and a content expert from Acute and Communicable Disease Prevention (ACDP). This team has the following responsibilities:

- Organize an overall public information campaign.
- Create and maintain messages and information for the news media, the public, health care workers and other partners.
 - Provide public information support for local health departments.
 - Provide content for the OSPHD Web site.
- Develop fact sheets for health care workers, local health departments, and the public.
- Arrange for translation of informational materials.
- Establish a telephone hotline.
- Manage the ICS Joint Information System.

5.2.4 Oregon State Epidemiologist

The State Epidemiologist will:

- Provide scientific support to the OSPHD Director, communications staff, and policymakers.
- Determine surveillance objectives as the pandemic evolves.
- Facilitate and oversee communications with CDC scientific staff.

5.2.5 Acute and Communicable Disease Prevention (ACDP)

ACDP will:

- Provide staff to serve in the OSPHD AOC as operation branch leaders and as technical content consultants to the Risk Communication Team.
- Distribute information from the WHO and the CDC.
- Ensure activation and coordination of the following activities:
 - Influenza surveillance in cooperation with local health departments, hospitals and health care systems.
 - Development and dissemination of disease reporting requirements, including influenza death and hospitalization.
 - Investigation of novel influenza outbreaks during Phases 4 and 5 when disease is widespread. During Phase 6 investigations will be limited to special circumstances.
 - Provision of technical advice for the ICS Joint Information Center, local health departments, and health care providers.

- Development of policy recommendations regarding antiviral drugs, vaccine, and community containment measures in collaboration with local health departments, the CDC, and other partners (see Attachments E, F, and G).

5.2.6 Public Health Emergency Preparedness (PHEP) Program

PHEP will support the operation of the OSPHD AOC during a pandemic and will perform the following functions:

- Provide personnel to serve as ICS General Staff.
- Provide guidance to Oregon DHS on the ICS organization and function.
- Provide liaisons to the Oregon ECC and to hospitals and health care systems.
- Issue alerts through the Oregon Health Alert Network.
- Support local health department activities.
- Support management and distribution of vaccines and pharmaceuticals to local health departments as necessary through the Strategic National Stockpile Plan.

5.2.7 Immunization Program

The Immunization Program will perform the following tasks:

- Prepare and deliver educational materials for vaccine providers.
- Prepare to receive and distribute assets from the SNS, vendor-managed inventory, or normal channels.
- Track the delivery of vaccine.
- Monitor vaccine adverse events.
- Provide staff to the AOC Planning and Operations sections.
- Develop and publicize vaccine use guidelines.

5.2.8 Oregon State Public Health Laboratory (OSPHL)

OSPHL provides laboratory testing to support OSPHD and local health departments.

During a pandemic, the lab will perform the following tasks:

- Provide influenza laboratory testing.
- Provide printed and Web-based instructions on specimen collection for health care providers.
- Provide specimen collection material on request.
- Communicate testing results to clinicians and to local, state, and federal health officials.
- Collaborate with the WHO and CDC laboratory network.
- Develop and distribute novel influenza testing criteria and communication plans in collaboration with the ACDP.

5.3 Local Health Departments

Oregon's public health system relies on the authority and responsibility of local health departments for public health preparedness and response. OSPHD will lead and coordinate the pandemic response in collaboration with local health departments. The local health departments are responsible for the following tasks:

- Lead local preparedness activities
- Collaborate with the Joint Information Center to ensure consistent communication with the public and healthcare providers.
- Provide disease surveillance and community education in collaboration with OSPHD.
- Coordinate the dispensing of pharmaceuticals and vaccines to the public.
- Facilitate cooperation among all local involved parties (e.g., government officials, emergency responders, health experts, businesses and the public).
- Work with other governmental agencies to implement community control measures.
- Coordinate medical volunteers
- Collaborate with health care providers to provide information about access to health care.

When local health departments need additional resources, they will contact the state ECC through their county EOC.

5.4 Hospitals and Health Care Systems

Hospitals and health care systems are expected to develop plans for pandemic influenza that describe how the organization will perform the following tasks:

- Implement decision-making structures.
- Handle surge capacity and business continuity.
- Fulfill proposed disease reporting requirements, using automated methods whenever possible.
- Request assistance from government agencies when needed.
- Deliver state-controlled antiviral drugs to hospitalized influenza patients.
- Ensure antiviral treatment of ill health care workers who have direct patient care responsibility.
- Ensure that employees in high priority groups receive vaccine or antiviral drugs as available.

6.0 Overview of Attachments

State activities to prepare for, respond to, and recover from an influenza pandemic are summarized in the attachments to this plan and are further detailed in the tabs to each attachment. This section gives a brief overview of each attachment.

Attachment A: Public Health Communications

Timely, accurate, consistent, and seamless communication with the public and among the various partners who will play a role in responding to a pandemic influenza outbreak is essential to protecting the lives of Oregon's citizens. This attachment describes OSPHD plans to establish communication with local health departments, health care providers, and other partners through the Joint Information System.

Because public trust is essential to containing the spread of a pandemic, tabs to this attachment provide key messages, FAQs, fact sheets, and other information for distribution to the public.

Attachment B: Surveillance

Surveillance for new subtypes of influenza will determine the start and end of an influenza pandemic in Oregon and will help define groups at high risk for complications. Prompt detection of the first cases of a new influenza subtype may provide opportunities to slow the spread even if the pandemic cannot be prevented.

This attachment describes OSPHD plans to detect the arrival of a pandemic influenza subtype in Oregon and to monitor the spread of the pandemic. These plans will require hospitals to follow new reporting requirements. OSPHD will provide technical assistance as described in this attachment.

Attachment C: Laboratory Diagnostics

Laboratory testing will identify the arrival of a novel strain of influenza in Oregon. This attachment describes OSPHD plans for creating and distributing clinical testing criteria and guidelines, detecting new strains of influenza, and communicating results to clinicians and local, state, and federal health officials. It also explains how the OSPHD will coordinate with the WHO and CDC Laboratory Response Network (LRN).

Attachment D: Health Care Planning

Hospitals and health care systems will provide a key role in detecting and treating pandemic influenza. This attachment focuses on those areas in which the state will have a direct role interacting with hospitals before and during a pandemic. It describes OSPHD plans for emergency management and communication and emphasizes the key role of hospitals in disease surveillance and distribution of vaccine and antiviral drugs. It also describes the distribution of training materials about pandemic influenza to hospital employees.

Attachment E: Vaccine Distribution and Use

Vaccination is the basis of influenza prevention during routine seasons. During a pandemic, vaccine for a novel virus is unlikely to be available for 3-6 months after the virus strain is identified, and once a vaccine is in production, the early supply will not be adequate. This attachment outlines state activities for vaccine distribution and prioritization.

Attachment F: Antiviral Drug Distribution and Use

Because an effective vaccine is not expected to be available at the onset of an influenza pandemic, treatment with antiviral agents will be one of the few interventions available to decrease complications of influenza. Only one agent, oseltamivir (Tamiflu®) is currently available in the Strategic National Stockpile. The *HHS Pandemic Influenza Plan* recommends 11 different priority groups for antiviral use and provides guidance on the current and anticipated future amounts of oseltamivir in the SNS. This attachment describes how the projected amount of oseltamivir available to Oregon would be used during a pandemic.

Attachment G: Community Disease Control and Prevention

During the early stages of an influenza pandemic, community containment measures, such as isolation, quarantine, or closing of public places, may be the only means available to slow the spread of disease and to allow additional time for the development of vaccines and the distribution and administration of antiviral drugs. This attachment describes OSPHD plans for creating and disseminating public health measures to control the spread of the pandemic.

Attachment H: Managing Travel-Related Risk of Disease Transmission

Screening international and domestic travelers may slow the spread of influenza. This attachment describes how OSPHD will coordinate with the appropriate federal agencies and local partners to develop and implement travel-related strategies to limit the spread of pandemic influenza into or out of Oregon. OSPHD will coordinate with state and local partners to develop and implement strategies to limit spread within Oregon.

Attachment I: Behavioral Health Support

During times of high stress, such as during an influenza pandemic, it is important to provide behavioral health support services to both the work force responding to the pandemic and to the general public, including people in isolation and quarantine. This attachment describes behavioral health support services to help health care workers, first responders, and essential service workers manage emotional stress during an influenza pandemic. It also describes the plans to develop programs to assist the families of deployed workers. Finally, this attachment discusses plans to prepare and distribute informational materials for all Oregon citizens to help with personal, professional, and family issues.

Attachment J: Local Health Department Activities

This attachment outlines the responsibilities of local health departments. Each local health department will develop its own plans for public health emergencies.

Attachment K: Infection Control

This attachment, which is available as a link on our Web site, is the federal *HSS Pandemic Influenza Plan, Supplement 4, Infection Control*, which Oregon is adopting in full to promote national consistency on this topic. See oregon.gov/DHS/ph/acd/flu/panflu.shtml.

Attachment L: Clinical Guidelines

This attachment, which is available as a link on our Web site, is the federal *HSS Pandemic Influenza Plan, Supplement 5, Clinical Guidelines*, which Oregon is adopting in full to promote national consistency on this topic. See oregon.gov/DHS/ph/acd/flu/panflu.shtml.

7.0 Training and Exercises

The state strategic training plan identifies topics that will be important to pandemic influenza response including epidemiologic surge capacity, crisis and emergency risk communications, Laboratory Response Network, public health law, and so on. The complex nature of pandemic planning will require a series of on-going exercises to maintain proper readiness. Pandemic influenza response exercises have been incorporated into the public health emergency exercise program.

The training schedule and materials are available on the Oregon HAN Web site (www.oregonhan.org) in Toolbox > Document Library > Training and Presentations. Training materials can also be requested by contacting the Public Health Emergency Preparedness program.

8.0 Special Populations

Pandemic influenza may adversely impact persons who have special needs or live in institutions such as, assisted-living facilities, group homes, and jails. Additional planning efforts by these institutions will be necessary. The characteristics of the influenza outbreak may also require additional preparedness and response actions for certain segments of the population. These issues will be considered as the epidemiology of the pandemic is clarified.

(Detailed information on special population planning under development.)

9.0 Plan Maintenance

This plan will be reviewed annually in October, prior to the start of the influenza season. It will also be reviewed and revised as needed after emergency exercises, organizational change, or revisions in federal guidance.

10.0 Links to Web Sites

The links in this section were correct as of November 2006.

World Health Organization

Pandemic alert and response Web site: www.who.int/csr/

Centers for Disease Control and Prevention

Influenza Web site: www.cdc.gov/flu/

Strategic National Stockpile: www.bt.cdc.gov/stockpile

U.S. Department of Homeland Security

National Incident Management System: www.fema.gov/emergency/nims/

U.S. Department of Health and Human Services

Pandemic and avian flu Web site: www.pandemicflu.gov/

Pandemic Influenza Plan (2005): www.hhs.gov/pandemicflu/plan/

Oregon Department of Human Services

Oregon Pandemic Influenza Plan:

<http://www.oregon.gov/DHS/ph/acd/flu/oregonfluplan.pdf>

Oregon Health Alert Network: <https://www.oregonhan.org>

(Note that the HAN Web site requires a user account and password.)

State of Oregon

Oregon Emergency Management Plan:

www.oregon.gov/OOHS/OEM/docs/library/or_emp_volum_2_emerg_oper.pdf

CD Summary www.oregon.gov/DHS/ph/cdsummary/2005/ohd5426.pdf

Oregon Revised Statutes: www.leg.state.or.us/ors/

Oregon Administrative Rules: arcweb.sos.state.or.us/banners/rules.htm

11.0 Acronyms and Glossary

List of Acronyms

ACDP	Acute and Communicable Disease Prevention
AOC	Agency Operations Center
CDC	Centers for Disease Control and Prevention
CLHO	Council of Local Health Officials
DHS	Department of Human Services
ECC	Emergency Coordination Center
EOC	Emergency Operations Center
ESF	Emergency Support Services
HAN	Health Alert Network
HHS	U.S. Department of Health and Human Services
HRSA	Health Resources and Services Administration
ICS	Incident Command System
IHOC	Integrated HRSA Oversight Committee
LHD	Local Health Department
NIMS	National Incident Management System
NRP	National Response Plan
OEM	Office of Emergency Management
OERS	Oregon Emergency Response System
OSPHD	Oregon State Public Health Division
OSPHL	Oregon State Public Health Laboratory
PHPLT	Public Health Preparedness Leadership Team
PHEP	Public Health Emergency Preparedness Program
PICC	Pandemic Influenza Planning Committee
SNS	Strategic National Stockpile
SOP	standard operating procedure
VAERS	Vaccine Adverse Events Reports
WHO	World Health Organization

Glossary

Antiviral drug. A medication that destroys or inhibits the growth and reproduction of viruses.

Community containment. The use of measures to limit the spread of contagious diseases by limiting contact between people who could be contagious to others. Closing schools is one example.

Emergency Support Function. A functional area of response activity established to facilitate the delivery of Federal assistance required during the immediate response phase of a disaster to save lives, protect property and public health, and to maintain public safety.

Epidemiology. The study of the distribution and determinants of disease in populations, and the application of this to the control of health problems.

General Staff. A group of incident management personnel organized according to function and reporting to the Incident Commander. The General Staff normally consists of the Operations Section Chief, Planning Section Chief, Logistics Section Chief, and Finance/Administration Section Chief.

H5N1 virus. An influenza A virus subtype that occurs mainly in birds.

Health Alert Network (HAN). An Internet program used to communicate health and emergency messages.

Incident Command System (ICS). A standardized on-scene emergency management system that enables multiple agencies and jurisdictions to respond to single or multiple incidents using an integrated organizational structure.

Incident Commander. The individual responsible for all incident activities, including the development of strategies and tactics and the ordering and release of resources. The Incident Commander has overall authority and responsibility for conducting incident operations and is responsible for managing all incident operations at the incident site.

Influenza A. A virus causing annual outbreaks of respiratory illness. Human influenza is classified as type "A" or type "B." Type A is also found in other animals.

Influenza-like illness (ILI). The presence of fever equal to or greater than 100.0° F, with a cough or sore throat.

Isolation. The restriction of movement of people having or suspected of having a communicable disease.

Joint Information Center (JIC). A facility established to coordinate all incident-related public information activities. It is the central point of contact for all news media.

Joint Information System (JIS). Integrates incident information and public affairs into a cohesive structure to provide consistent, coordinated, timely information during an incident.

Laboratory Response Network. An integrated network of local, state, federal, military and international laboratories organized by the CDC.

National Incident Management System (NIMS). A system that provides a consistent nationwide approach for governments (federal, state, local, and tribal), private-sector businesses, and nongovernmental organizations to work effectively and efficiently together to prepare for and respond to incidents.

Novel influenza virus. An influenza virus subtype not previously or typically found in humans.

Operation Section. Under ICS, the section responsible for all tactical operations.

Pandemic. A global outbreak of a disease. In this document, “pandemic” refers specifically to an outbreak of influenza.

Planning Section. In an Incident Command, the section responsible for collecting, evaluation, and disseminating operational information related to the incident.

Quarantine. The restriction of movement of people who have been in contact with someone contagious.

Strategic National Stockpile (SNS). A federal cache of medical supplies and equipment used during emergencies and disasters.

Subtype. Identification of influenza A viruses according to the hemagglutinin (H) and neuraminidase (N) components of the virus, such as H3N2 or H5N1.

Surveillance. The collection, analysis and dissemination of data about a disease.

Vaccine. A preparation that is administered to produce or artificially trigger immunity to a particular disease.

Vaccine adverse event. Possible side effects that occur after a person has received a vaccine.

12.0 Record of Changes

Date	Summary of Change
3/30/06	Initial release
11/01/06	Added tabs to all attachments; small edits in preparation for full-scale exercise.

Attachment A: Public Health Communications

Timely, accurate, consistent and seamless communication with the public and among the various partners who will play a role in responding to a pandemic influenza outbreak is essential to protecting the lives of Oregon's citizens by ensuring that they have the information they need to protect themselves and their families. The public information response to a health emergency or disease outbreak is described in more detail in the Health and Medical annex of the Oregon Emergency Management Plan (See *Annex F, Functional Appendix 1, Public Health Communications* and *Functional SOP 10.6, Communication Around Outbreaks*); activities may be accelerated depending on the features of the outbreak and the level of public anxiety.

An evolving communicable disease outbreak, such as pandemic influenza, may require a variety of measures in an attempt to contain the spread of the disease. Public trust is essential to containing the spread of disease and requires clear communication that addresses people's fears and concerns, answers their questions, and provides guidance on protective actions they can take.

Understanding public perception and providing the right information at the right time can have a significant impact on maximizing public cooperation with response and recovery activities, avoiding misallocation or wasting of limited resources, and restoring normalcy.

Assumptions

- The Centers for Disease Prevention and Control (CDC) will maintain a national central information clearinghouse accessible on the Internet and will develop generic guidelines and information templates that can be modified and adapted as needed at the state and local levels, including fact sheets and questions and answers on influenza, influenza vaccine and antiviral agents.
- The CDC and the Oregon State Public Health Division (OPSHD) will assist in providing strategies and guidelines for interacting with the media and communicating effectively with the public health and medical communities and the general public.
- OPSHD will maintain a central information clearinghouse accessible on the Health Alert Network Web site and will develop Oregon-specific informational materials that can be modified and adapted as needed at the local level.
- Local health departments (LHDs) will provide localized communications resources during all phases of a pandemic disease outbreak. These resources are outlined in the all-hazards standard operating procedures for before, during and following a public health emergency (Functional SOPs 1.1.1, 1.1.2 and 1.1.3).
- The Oregon DHS offices that will be responsible for public health communications include the Public Information Coordination section of the DHS Public Health Emergency Preparedness program, DHS Office of Public Affairs, and the Office of Disease Prevention and Epidemiology.

While much of the response to pandemic flu would be similar to other communicable respiratory diseases, some characteristics will create unique challenges for providing public information, including:

- Because the public health response to influenza will be prolonged, it will be necessary to explore creative solutions for keeping people informed and engaged throughout the pandemic.
- Because vaccine is unlikely to be available early in the pandemic, public health messages will need to focus on more traditional protection strategies and measures.

Objectives

- Encourage and maintain coordination of information and consistent public messaging with key partners and stakeholders.
- Provide public health and health care partners with information they can share with their clients and patients.
- Keep key decision makers and partners informed regarding the status and progression of the disease, public health response activities, and any changes in issues.
- Target specific internal and external audiences, including those with special information needs.
- Advise the public and news media on the imposition of public health measures to control the spread of disease.
- Provide information to lessen the unnecessary health and economic impacts of disease on the state
- Assist in the public information aspects of behavioral health support activities

Summary of Activities by Pandemic Period

This section summarizes communication activities during each pandemic phase. For a complete list of activities, see Tab A-1, *Communications Checklist by Pandemic Phase*. For a definition of the pandemic phases, see section 1.2, *World Health Organization Pandemic Phases*. Many of the activities described in Attachment I, *Behavioral Health Support* overlap with other communication activities and are not repeated here.

Interpandemic/Early Pandemic Alert (Phases 1-3)

- Ensure that appropriate policies, procedures and mechanisms are in place for a coordinated public information response at the federal, state and local levels. Messages at this phase will focus on preparedness activities for state and local public health, hospitals, businesses, individuals and families, community organizations and schools.
- Prepare communication and educational materials about pandemic flu for distribution to health care providers, other emergency responders, the media, and the public (see Tab A-6 for public fact sheets).
- Participate in communication planning and exercises.

Pandemic Alert (Phases 4-5)

- Notify local health departments and hospitals of the pandemic alert phase.
- Activate the Joint Information System.
- Prepare fact sheets on the emergent novel influenza virus and methods of diagnosis.

Pandemic (Phase 6)

- Activate the Public Health Joint Information Center at a level consistent with the proximity of outbreaks to Oregon communities.
- Increase information flow to local health departments, medical providers and other partners and stakeholders.
- Focus messages on infection control measures, the numbers of new cases or deaths, and the availability and prioritization of treatment.

Post-pandemic

- Deactivate the Joint Information System when the Agency Operations Center has suspended operations and ended the Incident Command System.
- Evaluate the public information response and incorporate needed changes into plans.

Active Issues

Issue	Recommendation	Anticipated Completion
Public Information Hotline and Communications Surge Capacity	Evaluate communication surge capacity within state and local government; identify and train 60 additional staff to serve in a public health Joint Information Center (JIC)	December 2006
Telephone surge capacity in the Portland State Office Building	Redraft standard operating procedures, train call takers (included in public information surge capacity, above) and conduct drills for a hotline of 12 incoming lines	December 2006
Efficient Web-posting of rapidly changing health information	Evaluate and test alternatives to current DHS Web site	December 2006

Tabs

Tab Number	Tab Title	Status	Anticipated Completion Date
A-1	Communications Checklist by Pandemic Phase	Completed	
A-2	Communication Planning Tools	Completed	
A-3	Influenza Talking Points	Completed	
A-4	2006-2007 Influenza Season Messages	Completed	
A-5	Avian and Pandemic Influenza FAQs	Completed	
A-6	Fact Sheets	Completed	
A-7	Influenza Vaccination Adverse Event Communication Plan	Completed	

TAB A-1
COMMUNICATIONS CHECKLIST BY PANDEMIC
PHASE

Pandemic Influenza Public Health Communications Activities Checklist by Pandemic Phase

Interpandemic Period *Phases 1 & 2*

During the Interpandemic phase, state and local public health's responsibility is to:

- Assess and monitor readiness to meet communications needs in preparation for an influenza pandemic, including regular review and update of communications plans.
- Evaluate and address gaps in relationships with key government/jurisdictional and private partners.
- Identify key internal and external partners and stakeholders, establish effective relationships and channels of communication, and conduct collaborative planning to help ensure a coordinated response.
- Establish appropriate policies, procedures and mechanisms for joint public information planning.
- Develop agreements and establish the protocols for communicating official information.
- Create and maintain current and consistent messages and information for the news media, the public, health care workers and other emergency response partners.
- Establish expedited procedures for reviewing and approving pandemic influenza-related messages and materials.
- Review, establish procedures and test technology for disseminating information through a broad array of channels, including the use of networks, Web sites, broadcast fax, e-mail list servers, mass mailings, etc.
- Plan and coordinate emergency communication activities with private industry, education, and nonprofit partners (e.g., local American Red Cross chapters).
- Develop materials and channels for disseminating information to schools, major employers, day care centers, senior care facilities and populations for whom English is not their primary language.
- Identify and train lead subject-specific spokespersons.
- Provide public health communications staff with training on risk communications for use during an influenza pandemic.
- Develop and maintain up-to-date communications contacts.
- Participate in exercises and other collaborative preparations to assess readiness.
- Develop a plan for addressing rumors and false reports regarding pandemic influenza threats.
- Confirm any contingency contracts or memoranda of understanding needed for communications resources during a pandemic, such as translation and interpretation services, radio advertising, emergency printing, public opinion research, public awareness/prevention campaigns, etc.
- Assess preparedness, address gaps and provide necessary training and other resources.
- Continue routine dissemination of influenza information through the following channels:
 - News Media

- CD Summary
- Monthly CD disease surveillance report.
- DHS ACDP web site
<http://oregon.gov/DHS/ph/acd/flu/panflu.shtml>
- Develop communication materials for health care workers and other emergency response partners, the media, and the public about:
 - Basic medical treatment
 - Access to care
 - Prevention strategies and infection control practices
 - Isolation and quarantine
 - Vaccine availability and prioritization in settings of no, moderate, and severe shortages
 - Appropriate use of antiviral medications
- Develop educational materials for health professionals for reporting adverse events for influenza antiviral medications and vaccine using:
 - MedWatch for antiviral meds
 - VAERS for vaccines
- Continue to develop policies, procedures and mechanisms for providing public information before, during and after a pandemic influenza outbreak, as described in detail in Functional Appendix 1, Public Health Communications, SOP 1.1.1, Pre-Emergency Standard Operating Procedures, and Functional Appendix 10, Disease Outbreak Responses, SOP 10.6, Communication Around Outbreaks.
- Enhance existing partnerships to identify at-risk, hard-to-reach individuals and define the communication infrastructure needed to ensure vaccination of these populations (homebound, homeless, poor, uninsured, immigrants or isolated groups).
- Develop a plan to ensure communication around access to vaccination/ treatment for high-risk/low-access populations – (homeless, homebound, undocumented aliens, etc.).
- Establish and maintain a Web site with current information.
- Prepare contingency plans to manage increased media demands.
- Identify and provide information on ways for people to access help, such as hotlines, psychological resources, etc.
- Develop plans for dealing with the psychosocial aspects of a pandemic influenza outbreak (see Functional Appendix 7, Behavioral Health).

Pandemic Alert Period

Phase 3

- Continue preparatory activities as described in detail in Functional SOP 1.1.1, Pre-Emergency Standard Operating Procedures, and Functional SOP 10.6, Communication Around Outbreaks.
- Public Health Preparedness and Acute and Communicable Disease will assemble fact sheets for health care professionals about an emergent novel virus and methods for diagnosis, including viral isolation.
- Notify local health departments, infection control professionals, Senior & Disabled Services Division, Indian Health Service, and other relevant health care professionals

and associations of the Novel Virus Alert status through the Health Alert Network, and DHS Web site postings of the existence of a novel strain of influenza.

- The Public Health Preparedness program will notify the Oregon Office of Emergency Management, other pertinent government officials and state legislators of the Novel Virus Alert Phase and potential need for additional resources.
- Conduct tests of the health care provider broadcast fax emergency notification system no less than twice a year.
- Notify Oregon Association of Hospitals and Healthcare Systems of the Novel Virus Alert.
- Update partners and stakeholders as additional information is obtained on vaccine/antiviral availability.
- Notify Oregon Nurses Association and Oregon Medical Association to identify health care workers willing to provide care and administer vaccine in a pandemic influenza setting (see Functional Appendix 6.1, Volunteer Healthcare Provider Registry).
- Notify local health departments to activate their behavioral health plans and mental health and social work support networks for influenza patients, their families, and those psychologically affected by the pandemic.
- Ensure local health departments and media are updated.
- Local health departments will notify clinicians, media, and other key stakeholders in their jurisdictions of the Novel Virus Alert Status.
- Cooperate in strategies to inform travelers regarding pandemic influenza.
- Activate plans for disseminating information to schools, major employers, day care centers, senior care facilities and populations for whom English is not their primary language.
- Activate plans for dealing with the psychosocial aspects of a pandemic influenza outbreak (see Functional Appendix 7, Behavioral Health).
- Provide educational information for the business community and engage them in pandemic influenza continuity planning.

Pandemic Alert Period

Phases 4 & 5

- Ensure local health department and hospital public information officers are notified regarding the Pandemic Alert phase.
- Activate the Joint Information System (see Functional Appendix 1, Public Health Communications, SOP 1.7, Joint Information System/Center Operations), including use of the Virtual Joint Information Center on the Health Alert Network Web site, and use of AlertOregon and the broadcast fax notification system for health care providers.
- Public information will include travel alerts, guidelines on limiting the spread of the disease, and information about when and where to obtain medical care.
- Advise travelers and airlines operating between Oregon and endemic areas about heightened disease surveillance and disease containment measures.
- Notify local health departments, infection control professionals, Senior & Disabled Services Division, Indian Health Service, and other relevant health care professionals of the Pandemic Alert status through the Health Alert Network and Web postings.

(refer to Functional Appendix 1, Public Health Communication; SOPs 1.2, Health Alert Network; 1.4, Contacting LHDs; and 1.5, Contacting Clinicians). Include information on:

- Geographic area of origin of potential cases
 - Clinical symptoms
 - Diagnosis, treatment, and prophylaxis
- Conduct research to determine public perceptions regarding the novel strain of influenza, and use the information gathered to develop key messages.
 - Research and replicate best communications practices in areas where the new influenza strain has emerged.
 - Activate and publicize the disease information hotline and Web site, including pre-recorded messages in multiple languages (see Functional Appendix 1, Public Health Communications, SOP 1.3, Telephone Surge Capacities).
 - Continue preparatory activities as described in detail in Functional SOP's 1.1.1, 1.1.2 and Functional SOP 10.6.

Pandemic Period, Phase 6

- Maintain operation of the Joint Information System and prepare to activate the Joint Information Center if needed (see Functional Appendix 1, Public Health Communication, SOP 1.7, Joint Information System/Center Operations Plan.).
- If cases have been confirmed in Oregon or neighboring states and public anxiety warrants, or if the State Emergency Coordination Center or Agency Operations Center has been activated, consider activation of the Joint Information Center (see Functional SOP 1.7).
- Notify local health departments, infection control professionals, Senior & Disabled Services Division, Indian Health Service, and other relevant health care professionals of the Pandemic Imminent status through the Health Alert Network, broadcast fax system, AlertOregon and Web postings (see Functional SOPs 1.2, 1.4, and 1.5).
Include information on:
 - Geographic area of origin of potential cases
 - Clinical symptoms
 - Diagnosis, treatment, and prophylaxis
 - Epidemiological characteristics
 - Infection control measures recommended by CDC
- Notify news media of Pandemic Imminent status through a media briefing or advisory.
- Use the news media, alerts to travel agencies and any existing channels at Oregon airports to advise travelers and airlines operating between Oregon and endemic areas about heightened disease surveillance and disease containment measures.
- Activate telephone surge plan, including the use of live call takers and scale as needed (see Functional SOP 1.3).
- Log all calls and news media coverage and analyze for trends in concerns and questions and use this information to update frequently asked questions and talking points.

- Obtain and track information daily on the numbers and location of newly hospitalized cases, newly quarantined persons, and hospitals with pandemic influenza cases.
- Use daily statistical information (cited in previous bullet) to determine priorities among community outreach and education efforts and to prepare updates for the news media, partners, stakeholders and the general public.
- Update partners and stakeholders as additional information is obtained on:
 - New cases
 - Quarantine orders
 - Vaccine/antiviral availability
 - Prioritized distribution plan
- Frequently update the news media and the public on infection control and transmission measures.
- Advise the public and news media on the imposition of community control measures (such as school closures, cancellation of community events, voluntary or mandatory quarantine or isolation) following federal recommendations.
- Continue to publicize the disease information hotline and Web site (see Functional SOP 1.3).
- Continually monitor news media coverage and initiate media call outs or other strategies to quickly address harmful rumors, misinformation, stigmatization issues, or unrealistic expectations of public health or health care response activities.
- Maintain scheduled access for news media to pandemic subject matter experts and spokespeople.
- Continue activities as described in detail in Functional SOPS 1.1.1, 1.1.2, and 10.6.

Post-pandemic Period

- Deactivate Joint Information System and Center and participate in After-Action Report.
- Follow-up with the news media and use other communication channels to make sure people are aware that the pandemic has ended.
- Conduct research to formally evaluate the public information program, based on the stated objectives.
- Convene a team to analyze the research and make recommendations for future communicable disease outbreaks or other public health emergencies.
- Incorporate recommendations into relevant planning documents.

TAB A-2

COMMUNICATION PLANNING TOOLS

2005-2006 Influenza Communication Planning Grid

	A	B	C	D	E	F
1	Goal: To ensure timely and consistent communications regarding current and emerging influenza issues among partners, and with key stakeholders and the general public.					
2	Key Stakeholders	Objective(s)	Strategies	Tactics/Tools	Timeline	Who's Responsible?
3	Governor/Governor's Advisors and Communication Staff	Keep the Governor informed regarding the current influenza season, vaccine supplies, the international progression of Avian influenza, and pandemic planning, preparedness and response activities	Use a combination of communication tools to maintain on-going communication and coordination	Periodic briefings	As needed	Susan Allan
4				Share media releases	On-going	Trish Neiworth
5				Share key messages/talking points and FAQs	Weekly or as updated	Trish Neiworth
6				Phone calls and messages	As needed	Susan Allan and Trish Neiworth
7	State Legislators	Keep the Legislature informed regarding the current influenza season, vaccine supplies, the international progression of Avian influenza, and pandemic planning, preparedness and response activities	Use a combination of tools to maintain on-going communication and coordination	Share key messages/talking points and FAQs	Weekly or as updated	Katy King
8				Forward related media releases	As appropriate	Katy King

2005-2006 Influenza Communication Planning Grid

	A	B	C	D	E	F
9	Congressional Representatives	Keep Oregon's congressional delegation informed regarding the current influenza season, vaccine supplies, the international progression of Avian influenza, and pandemic planning, preparedness and response activities	Use a combination of tools to maintain on-going communication and coordination	Share key messages/talking points and FAQs	Weekly or as updated	Katy King
10				Forward related media releases	As appropriate	Katy King
11	Department of Human Services Executive Staff	Keep DHS Management informed regarding the current influenza season, vaccine supplies, the international progression of Avian influenza, and pandemic planning, preparedness and response activities	Use a combination of tools to maintain on-going communication and coordination	Regular e-mail updates	Weekly	Susan Allan and Trish Neiworth
12				Share key messages/talking points and FAQs	Weekly or as updated	Trish Neiworth
13				Forward related media releases	As appropriate	Trish Neiworth
14	Health Preparedness Advisory Committee	Keep HPAC members informed regarding the current influenza season, vaccine supplies, the international progression of Avian influenza, and pandemic planning, preparedness and response activities	Use a combination of tools to maintain on-going communication and coordination	Regular e-mail updates and meetings	As scheduled	Susan Allan and Nan Newell

2005-2006 Influenza Communication Planning Grid

	A	B	C	D	E	F
15				Share key messages/talking points and FAQs	Weekly or as updated	Susan Allan and Nan Newell
16				Forward related media releases	As appropriate	Susan Allan and Nan Newell
17	Conference of Local Health Officials	Keep CLHO members informed regarding the current influenza season, vaccine supplies, the international progression of Avian influenza, and pandemic planning, preparedness and response activities	Provide regular updates on the progression of the disease around the state and vaccine supplies	Use monthly meetings, e-mail and conference calls	As needed	Mike McGuire, Grant Higginson & Nan Newell
18	Local Health Departments	Keep LHDs informed regarding the current influenza season, vaccine supplies, the international progression of Avian influenza, and pandemic planning, preparedness and response activities	Provide regular updates on the progression of the disease and vaccine availability around the state	Monthly conference calls	1st Tuesday of each month	Nan Newell and Tom Engle
19				Use Health Alert Network messages to provide information to key LHD staff	On-going	Nan Newell, Eric Stewart & Christie Holmgren
20				Share key messages/talking points and FAQs	Weekly or as updated	Christie Holmgren
21				Forward related media releases	As appropriate	Christie Holmgren

2005-2006 Influenza Communication Planning Grid

	A	B	C	D	E	F
22		Full participation by all LHDs in Communication Program	Engage LHD PIOs in dissemination of public information by providing them with a variety of communication tools and sharing prepared educational and prevention materials and messages.	Distribute basic fact sheets, key messages, talking points, FAQs, etc.	By Nov. 23, 2005, and as updated	Christie Holmgren and Bonnie Widerburg
23				LHD PIO Conference Calls	As needed	Christie Holmgren
24				Use PIO listserv to send and share information	Weekly, or as needed, during the disease season	Christie Holmgren
25				Forward related media releases	As appropriate	Christie Holmgren
26	Hospitals	Keep hospitals informed regarding the current influenza season, vaccine supplies, the international progression of Avian influenza, and pandemic planning, preparedness and response activities	Use a combination of tools to maintain on-going communication and coordination	Post information on HAN Web site and distribute messages through HRSA Regions	On-going	Nan Newell, Eric Stewart, Allan Visnick and Mike Swinhoe
27				E-mail updates to Regional Coordinators	On-going	Allan Visnick and Mike Swinhoe
28				Use hospital PIO listserv to share media releases, fact sheets and other information	As appropriate	Christie Holmgren

2005-2006 Influenza Communication Planning Grid

	A	B	C	D	E	F
29	Clinics/Primary Care Providers/Healthcare Workers	Keep these groups informed regarding the current influenza season, vaccine supplies, the international progression of Avian influenza, and pandemic planning, preparedness and response activities	Use a combination of tools to maintain on-going communication and coordination	ORCD-Alert and CD Summary	On-going	Katrina Hedberg
30				Fact sheets and FAQs	As appropriate	Christie Holmgren
31				Sharing of information with healthcare professional associations and licensing boards	As appropriate	Katrina Hedberg, Susan Allan, Christie Holmgren
32	Partner State Agencies, including Department of Agriculture, Department of Fish and Wildlife, State Forestry, OSU Animal Health, OSU Extension and Commodities Commissions	Keep partner state agencies informed regarding the current influenza season, vaccine supplies, the international progression of Avian influenza, and pandemic planning, preparedness and response activities	Use a combination of tools to maintain on-going communication and coordination	Periodic briefings, e-mail updates, media releases, etc.	On-going	Barb Progulske, Paul Lewis, Christie Holmgren and Bonnie Widerburg
33				Meet to discuss implications, roles and public information responsibilities related to avian influenza	General planning meeting Nov. 14, 2005, Coordination of info meeting to be scheduled	Barb Progulske, Christie Holmgren and Bonnie Widerburg

2005-2006 Influenza Communication Planning Grid

	A	B	C	D	E	F
34		Maintain collaborative communication to support dual-purpose messaging that raises awareness of the veterinary issues associated with Avian Influenza	Use a combination of tools to maintain on-going communication and coordination	Periodic briefings, e-mail updates, sharing of media releases, key messages, etc.	On-going	Barb Progulske, Christie Holmgren and Bonnie Widerburg
35	Office of Economic Development	Keep Office of Economic Development informed regarding the international progression of Avian influenza, potential economic impacts and pandemic planning, preparedness and response activities		Periodic briefings and forwarding of media releases	On-going	Governor's office
36	News Media	Keep news media informed regarding the current influenza season, vaccine supplies, the international progression of Avian influenza, and pandemic planning, preparedness and response activities	Use a combination of tools to maintain on-going communication	Media releases, media briefings, Web site	On-going	Bonnie Widerburg, Emilio DeBess
37	General Public	Keep the public informed regarding the current influenza season, vaccine supplies, the international progression of Avian influenza, and pandemic planning, preparedness and response activities	Use a combination of tools to maintain on-going communication	News media and DHS Web site	On-going	Christie Holmgren, Bonnie Widerburg, ACDP, Immunization Program, Hanna Swenson and Rocke Klockner

2005-2006 Influenza Communication Planning Grid

	A	B	C	D	E	F
38	Special Populations	Keep populations that may have special information needs informed regarding the current influenza season, vaccine recommendations and availability and personal protective actions.	Use a combination of tools to maintain on-going communication	Develop special informational materials, as needed, for each audience	On-going	Christie Holmgren, Bonnie Widerburg, Barb Progulske, Paul Lewis, Katrina Hedberg
39	Poultry Workers		Develop informational materials on disease prevention and safe handling procedures in conjunction with Oregon Department of Agriculture	Distribute informational materials through employers	On-going	Oregon Department of Agriculture and Barb Progulske
40	Non-English Speaking		Translate informational materials into the most common languages	Distribute through foreign language media	As materials are developed and translated	Christie Holmgren, Bonnie Widerburg, DHS Office of Multicultural Affairs and DHS Field Offices
41				Distribute through organizations and agencies that provide services to non-English speaking populations	As materials are developed and translated	Christie Holmgren, Bonnie Widerburg, DHS Office of Multicultural Affairs, local health departments and DHS Field Offices

2005-2006 Influenza Communication Planning Grid

	A	B	C	D	E	F
42	Senior Citizens		Prepare appropriate materials for those in assisted living environments	Distribute through Area Agencies on Aging, senior citizen centers, retirement homes, long-term care, acute-care and skilled nursing facilities	On-going	Seniors and People with Disabilities Program, Lorraine Duncan, Mimi Luther, Martha Skiles and Christie Holmgren
43	Native Americans		Use a combination of tools to maintain on-going communication and coordination	Periodic briefings, e-mail updates, media releases, etc.	On-going	DHS Indian Health Services
44	First Responders	Keep first responders informed regarding the current influenza season, vaccine supplies, the international progression of Avian influenza, and pandemic planning, preparedness and response activities	Prepare appropriate materials for preventing the spread of disease among first responders	Distribute through state and local EMS, police and fire	As materials are developed	DHS EMS, Christie Holmgren and Bonnie Widerburg
45	Children	Keep schools, childcare centers and parents informed regarding the current influenza season, vaccine supplies, the international progression of Avian influenza, and pandemic planning, preparedness and response activities	Prepare appropriate materials for preventing the spread of disease among small children	Distribute through childcare centers, schools and offices of pediatricians	As materials are developed	DHS Office of School-based Health Centers, Oregon Department of Education, Christie Holmgren and Bonnie Widerburg

2005-2006 Influenza Communication Planning Grid

	A	B	C	D	E	F
46	Major Employers	Keep major employers informed regarding the current influenza season, vaccine supplies, the international progression of Avian influenza, and pandemic planning, preparedness and response activities	Prepare appropriate materials for preventing the spread of disease in the workplace.	Distribute through the DEQ's database of major Oregon employers, and business associations	As materials are developed	Christie Holmgren
47	Neighboring States	Keep neighboring states informed regarding Oregon's current influenza season, vaccine supplies, and pandemic planning, preparedness and response activities	Use a combination of tools to maintain on-going communication and coordination	Periodic briefings, e-mail updates, media releases, etc.	On-going	Bonnie Widerburg and Christie Holmgren
48	Other Stakeholders and Partners, including FDA, Metro Parks and Greenspaces, Audubon Society, US Fish & Wildlife Service, US Army Corps of Engineers, US Geological Survey, Oregon Veterinary Medicine Association, Oregon Zoo	Keep other stakeholders and partners informed regarding the international progression of Avian influenza, and pandemic planning, preparedness and response activities	In conjunction with other state agencies who have a role in responding to avian influenza, use a combination of tools to maintain on-going communication and coordination	Periodic briefings, e-mail updates, media releases, etc.	On-going	Oregon Department of Agriculture, Barb Progulske, Emilio DeBess, Christie Holmgren and Bonnie Widerburg

Influenza Communication Planning Audiences and Tools

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1		Fact Sheets	Key Messages	Talking Points	Media Releases	E-mail Updates	FAQs	Posters	Flyers	Meetings	HAN Messages	ORCD Alerts	HAN Website	DHS Website	Conference Calls	CD Summary	Periodic Briefings
2	DHS Executive Staff	X	X	X	X	X	X										X
3	Governor's Office	X	X	X	X		X										X
4	Legislators	X		X	X	X	X										
5	Congressional Leaders	X		X	X	X	X										
6	HPAC	X	X	X	X	X	X			X			X				X
7	CLHO	X	X	X	X	X	X			X			X				X
8	Local Health Departments	X	X	X	X	X	X				X		X		X		X
9	Hospitals	X			X	X	X				X	X	X			X	
10	Clinicians	X					X					X				X	
11	Health Care Professional Associations and Licensing Boards	X					X					X				X	
12	Oregon Medical Association	X					X					X				X	
13	Oregon Nurses Association	X					X					X				X	
14	Oregon Pharmacy Association	X					X					X				X	
15	Oregon Association of Hospitals	X					X					X				X	
16	Oregon Veterinary Medicine Association	X					X			X		X				X	
17	Association of Professionals in Infection Control	X					X					X				X	
18	Populations with Special Information Needs	X			X	X	X							X			
19	Poultry Workers	X			X	X	X	X	X					X			
20	Poultry Industry	X			X	X	X	X	X					X			
21	Backyard Poultry Breeders/Operators	X			X	X	X	X	X					X			
22	Non-English Speaking	X			X	X	X							X			
23	Senior Citizens	X			X	X	X							X			
24	Native Americans	X			X	X	X							X			
25	First Responders	X			X	X	X	X	X					X			
26	Children	X			X	X	X	X	X					X			
27	Hunters	X			X	X	X	X	X					X			
28	Birders	X			X	X	X	X	X					X			
29	Major Employers	X				X	X	X	X					X			
30	Neighboring States	X	X		X	X	X							X	X		
31	Partner State Agencies	X	X		X	X	X			X				X	X		X
32	Oregon Department of Agriculture	X	X		X	X	X			X				X	X		X
33	Oregon Department of Fish and Wildlife	X	X		X	X	X			X				X	X		X
34	Oregon State University Animal Health	X	X		X	X	X			X				X	X		
35	Oregon State University Extension Service	X	X		X	X	X			X				X	X		
36	Oregon State Parks and Recreation	X	X		X	X	X			X				X	X		X
37	State Forestry	X	X		X	X	X			X				X	X		X
38	Other Stakeholders	X	X		X	X	X			X				X	X		
39	Audubon Society	X	X		X	X	X			X				X	X		
40	Metro Parks/Greenspaces	X	X		X	X	X			X				X	X		

Influenza Communication Planning Audiences and Tools

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
41	US Fish & Wildlife	X	X		X	X	X			X				X	X		
42	Army Corps of Engineers	X	X		X	X	X			X				X	X		
43	Oregon Veterinary Medicine Association	X	X		X	X	X			X				X	X		
44	Oregon Zoo	X	X		X	X	X			X				X	X		
45	US Food and Drug Administration	X	X		X	X	X			X				X	X		
46	State and National Wildlife Refuges	X	X		X	X	X			X				X	X		

TAB A-3

INFLUENZA TALKING POINTS

Pandemic/Avian Flu Speaking Points 12-19-05

- Continued reports of avian flu and the President's announcement of a plan for confronting pandemic flu have put these topics squarely in the spotlight.
- The terms pandemic flu and avian flu are being used interchangeably in much of the media coverage and it is important to make distinctions between the two.

Key Messages:

- We believe that people who are well informed can make better decisions, and we are committed to providing information that addresses people's needs and concerns.
- At this point, we do not expect avian flu to appear any time soon, either in bird populations or in people.
- State and local public health professionals are experienced at detecting and controlling disease outbreaks.
- We have sound pandemic plans in place, but need to do more training and practicing for those who would be expected to respond.
- It is important that we prepare for a pandemic of any disease and not focus on only avian flu or any other single disease.
- Basic disease detection and control is the most useful preparation. Vaccines and medications may be of value in some, but not most cases.
- The Oregon Department of Agriculture, state and federal wildlife agencies, and state and local public health programs are coordinating avian flu surveillance efforts.

Avian Flu

- Avian flu is a type of influenza that occurs naturally among birds. One strain of this virus, H5N1, was found in Asia in 1997 and recently spread to Europe. Some humans have contracted the illness, mostly through close contact with infected domesticated birds, such as poultry.
- This is a concern, because although only about 120 cases have been identified in humans, half of these have died.
- Avian flu is not currently transmissible from person-to-person but if the virus mutates to make this possible a pandemic could occur, because humans have little or no immunity to H5N1.
- There is currently no approved human vaccine against avian flu, although an experimental one is being tested.

- We don't recommend stockpiling Tamiflu or Relenza. Supplies need to be reserved for people at risk of complications from annual influenza. Nor is it clear it will work for new strains of influenza, and correct dosage is not known.
- State and federal agricultural agencies are conducting ongoing poultry surveillance for any sign of avian flu.
- Surveillance of migratory birds for avian flu is being conducted through state and federal wild-life agencies.
- There is no evidence that H5N1 influenza has spread to wild or domestic birds in North America.

Pandemic flu

- A pandemic is the global occurrence of epidemic disease that occurs when a newer virulent influenza strain begins to spread in the human population.
- Flu pandemics are known to have occurred periodically in the past several hundred years. The 1918 “Spanish flu” was the 20th century’s largest pandemic and killed at least 500,000 people in the United States and up to 40 million worldwide. There were also smaller pandemics in 1957 and 1968. The “Asian flu” in 1957 caused 70,000 deaths, and the “Hong Kong flu” in 1968 caused 34,000 deaths in the US.
- A major pandemic would overwhelm public health and health care systems and create widespread social disruption.
- Detecting a pandemic relies on disease prevention, a core public health function that informs us when cases of a new disease arrive, how many people are sick or at risk of infection and where the disease is spreading.
- Lab testing is critical for identifying specific details of the pandemic disease. The Oregon State Public Health Laboratory is a key player with respect to testing specimens and forwarding them to the federal Centers for Disease Control and Prevention when necessary.
- At any time during a pandemic, the need for vaccine will likely exceed the supply. Because it takes 6 to 12 months to produce new vaccine, there would be little available at the start of the first pandemic wave.
- Antiviral drug supplies will be inadequate in the early stages of a pandemic.
- In a pandemic, the community systems we rely on--health care, schools, work, travel, church and social events--will be severely disrupted. Disease control will require individual and community action:

- Personal hygiene measures--washing hands frequently, covering coughs, staying home when ill, staying informed of the situation.
- Community measures--voluntary isolation of ill people, limiting illness to specific wards or hospitals, curtailing travel, canceling large events (basketball games, concerts, etc).

Pandemic planning

- Our goal is to minimize illness and death in what would clearly be a crisis.
- Public health officials in the United States and around the globe are planning for pandemic flu. Oregon has a written plan but we still have work to do. For example:
 - Every county must have a plan that coordinates with the state plan, which must fit with the federal plan.
 - Because a major pandemic would quickly overwhelm public and private healthcare providers and hospitals, it is critical that we work together as we prepare.
 - We need to practice our plans so that all organizations that play a role are trained and ready. (A recent example is the statewide exercise to test how public health and private healthcare systems would work together to deliver federal medical supplies throughout Oregon in a major disease outbreak.)
 - A major component of our plan is effective communication among state and local public health, with health care providers and the public. (An example is our new "blast-fax" system that will allow us to get information to every health care provider in Oregon within two hours of a crisis.)
- Drug distribution will likely be a public health responsibility. Federal authorities are developing guidelines for how best to use drugs if they are in scarce supply (for example, should they be reserved for emergency responders, health care workers, public safety, etc.).
- The President's plan calls for spending billions on stockpiling vaccine, medications, developing new vaccine and the purchase of 20 million doses of a new avian vaccine that is in clinical trial. Also included is building up national reserves of antiviral medicines.
- We are very concerned that the President's plan sets aside only \$100 million total for state and local government across the country. A strong public health infrastructure is critical for detecting and controlling a pandemic.

!DRAFT!

Pandemic Flu Preparedness Talking Points

Situation:

The outbreak of highly pathogenic H5N1 avian influenza has prompted some people to think about the pandemic influenza outbreak of 1918 and to wonder whether Oregon is ready to deal with a similar outbreak today.

Key Messages:

- To be prepared for the flu and all other public health threats, Oregon must have a strong public health system.
- Thanks, in part, to recent federal funding for public health preparedness planning, Oregon is in better shape than ever to deal with all sorts of public health emergencies.
- This funding has provided the resources to vastly improve state and local ability to identify, investigate and control outbreaks of infectious disease.
- State public health is working closely with local health departments, hospitals and healthcare facilities in every community in Oregon to assess our current ability to respond, identify gaps in preparedness, and ultimately ensure we have the capacity for a swift and coordinated response at all levels.

Supporting Information:

- The Public Health section of the State of Oregon Emergency Plan contains a number of hazard- and disease-specific response plans, including pandemic influenza.
- State and local public health deal routinely with highly infectious disease outbreaks and have tools in place to investigate outbreaks and control the spread of disease.
- The Department of Human Services Health Services Acute and Communicable Disease Prevention (ACDP) has formed an Urgent Epidemiologic Response Team (UERT) to assist with outbreaks statewide. Just this year, UERT epidemiologists have assisted with 155 local infectious disease outbreaks in Oregon.
- By law, Oregon's approximately 2,000 certified laboratories routinely report test results for nearly 50 bacterial, parasitic and viral communicable diseases to local public health authorities. In addition, there are more than 60 laboratories in Oregon acting as disease "sentinels." These labs look for bacteria that may be used as agents of bioterrorism and quickly refer specimens to the Oregon State Public Health Laboratory for additional testing and confirmation.
- Crises like pandemic flu will require some citizens to make sacrifices for the common good. For example, public events might have to be canceled;

or ill persons might be asked to stay home so as to lessen the chances of exposing others.

- Recent legislation expanded the power of the State Public Health Officer to take necessary measures to protect public health in an emergency or impending public health crisis by implementing special reporting procedures, isolation of those who are ill and quarantine of those who have been exposed.
- DHS Health Services continuously receives the latest information on public health threats from within our state, our nation and around the world and has mechanisms in place to quickly distribute the information to health departments and hospitals throughout the state.
- Public health at the state and local levels is integrating preparedness planning with state and local public safety and emergency response organizations, such as Oregon Emergency Management, 911 call centers, the American Red Cross, police, fire, schools, counties and municipalities. The result is a unified approach that will ultimately save lives.
- Local health departments, hospitals and clinics are responsible for planning in advance for the natural surge of patients needing care in the event of a large-scale public health emergency.
- Sophisticated electronic tracking software is already in use in the Portland-metropolitan area and will soon be in use statewide to quickly identify available hospital beds during an emergency.
- An extensive survey of 64 Oregon hospitals recently revealed that there are nearly 2,000 additional beds potentially available statewide for this so-called “surge capacity.”
- In the event of a large-scale emergency, it’s possible that activities such as evaluation and triage of patients could take place in non-traditional settings. However, every effort would be made to treat patients in medical settings appropriate to their needs.
- Public health is setting up a registry of credentialed health care professionals available to assist during an emergency.
- State and local health departments are developing mutual aid agreements for sharing resources in emergency situations.
- If local resources are exhausted, county health departments can request assistance from the region or state. If state resources are exhausted, the state can request assistance from adjoining states and through the federal government, which can provide medicines and other essential items that might be needed in a public health emergency.
- Annual flu shots are still the best prevention for influenza.
- It’s important to remember that for healthy people influenza is an annoying illness, but it’s usually something that we will recover from with common-sense self-care.
- If you get the flu, the treatment is good old-fashioned rest, fluids and the over-the-counter medications typically used to treat symptoms.
- If your child has the flu, do not give aspirin or other medications containing aspirin. Be sure to check labels carefully since even some common

medicines for upset stomach, such as PeptoBismal and Kaopectate, contain aspirin.

- However, if you have concerns or questions about yourself or an ill family member, you should consult your health-care provider.
- If you are at special risk from complications of flu, you should consult your health-care provider when your flu symptoms begin. This includes people 65 years or older, people with chronic medical conditions, pregnant women, or children ages six months to 23 months. Your doctor may choose to use certain antiviral drugs to treat the flu.
- In the meantime, to prevent the spread of this disease, it's important to remember to:
 - Avoid close contact with people who are sick. When you are sick, keep your distance from others to protect them from getting sick too.
 - If possible, stay home from work, school, and errands when you are sick. You will help prevent others from catching your illness.
 - Cover your mouth and nose with a tissue when coughing or sneezing. It may prevent those around you from getting sick.
 - Wash your hands often. It will help protect you from germs.
 - Avoid touching your eyes, nose or mouth. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.

!DRAFT!

Flu Vaccine No Shortage Talking Points

Situation:

Flu season will soon be upon us. Everyone who has concerns about influenza should consider vaccination.

Key Messages:

- People considered to be at high risk from complications of the flu should get a vaccination as soon as possible. This includes people 65 years or older, people with chronic medical conditions, pregnant women, or children ages six months to 23 months.
- All people who live, work or provide care to high-risk persons listed above should also be vaccinated. This includes household members, health care providers, employees of nursing homes and care facilities, and providers of home care and day care for high-risk persons and young children. Parents and caregivers of infants up to six months are especially encouraged to get a flu shot.
- There should be plenty of vaccine available this winter for everyone who wants a flu shot.
- However, it's important to remember that the best prevention for the flu is common-sense personal hygiene precautions.
- To prevent the spread of this disease:
 - Avoid close contact with people who are sick.
 - When you are sick, keep your distance from others to protect them from getting sick too.
 - If possible, stay home from work, school, and errands when you are sick. You will help prevent others from catching your illness.
 - Cover your mouth and nose with a tissue when coughing or sneezing. If you don't have a tissue, cough or sneeze into your sleeve. It may prevent those around you from getting sick.
 - Wash your hands often. It will help protect you from germs.
 - Avoid touching your eyes, nose or mouth. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.
- Keep in mind that for healthy people influenza is an annoying illness, but it's usually something you will recover from with normal self-care.
- Influenza is characterized by abrupt onset of high fever, headache, sore throat, cough and muscle aches. Other respiratory infections that can be confused with influenza are usually milder and are more likely to start with sore throat, sneezing, runny nose and slight fever.
- If you get the flu, the treatment is good old-fashioned rest, fluids and the over-the-counter medications typically used to treat symptoms.

- If your child has the flu, do not give aspirin or other medications containing aspirin. Be sure to check labels carefully since even some common medicines for upset stomach, such as PeptoBismal and Kaopectate, contain aspirin.
- If you have concerns or questions about yourself or an ill family member, you should consult your health-care provider.
- If you are at special risk from complications of flu, you should consult your health-care provider when your flu symptoms begin. Your doctor may choose to use certain antiviral drugs to treat the flu.

!DRAFT!

Flu Vaccine Moderate Shortage Talking Points

Situation:

An increase in influenza cases, child deaths from influenza and media coverage has increased demand for flu vaccine among the general population resulting in a moderate shortage of flu vaccine.

Key Messages:

- Because of the current moderate shortage of flu vaccine, only the following groups should receive flu shots this year:
 - Children ages 6 months to 23 months.
 - People who are 65 years of age and older.
 - People 2 years old or older who have an underlying, long-term illness, such as heart or lung disease, metabolic disease (like diabetes), kidney disease, a blood disorder, or a weakened immune system (including people with HIV/AIDS).
 - Women who will be pregnant this flu season.
 - People who live in nursing homes or other chronic-care places.
 - People who are 6 months to 18 years of age, and take aspirin daily.
 - Health-care workers who take care of patients.
 - People who have or take care of a baby under 6 months old.
- Flu shots should **not** be given to babies under 6 months old.
- Although flu shots are generally no longer available to people who are not considered to be at high risk from complications, it's important to remember that the best prevention is common-sense personal hygiene precautions.
- To prevent the spread of this disease, it's important to remember to:
 - Avoid close contact with people who are sick. When you are sick, keep your distance from others to protect them from getting sick too.
 - If possible, stay home from work, school, and errands when you are sick. You will help prevent others from catching your illness.
 - Cover your mouth and nose with a tissue when coughing or sneezing. If you don't have a tissue, cough or sneeze into your sleeve. It may prevent those around you from getting sick.
 - Wash your hands often. It will help protect you from germs.
 - Avoid touching your eyes, nose or mouth. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.
- Keep in mind that for healthy people influenza is an annoying illness, but it's usually something you will recover from with normal self-care.
- If you get the flu, the treatment is good old-fashioned rest, fluids and the over-the-counter medications typically used to treat symptoms.

- If your child has the flu, do not give aspirin or other medications containing aspirin. Be sure to check labels carefully since even some common medicines for upset stomach, such as PeptoBismal and Kaopectate, contain aspirin.
- However, if you have concerns or questions about yourself or an ill family member, you should consult your health-care provider.
- If you are at special risk from complications of flu, you should consult your health-care provider when your flu symptoms begin. This includes people 65 years or older, people with chronic medical conditions, pregnant women, or children ages six months to 23 months. Your doctor may choose to use certain antiviral drugs to treat the flu.
- People 65 years of age and older should talk to their healthcare provider about getting a pneumonia vaccination, since pneumonia is the most serious complication of the flu.

!DRAFT!

Flu Vaccine Severe Shortage Talking Points

Situation:

A manufacturing problem has severely limited the availability of flu vaccine this year.

Key Messages:

- Flu shots are no longer available to people who are not considered to be at high risk from complications, and may not be available to those who are at risk of complications. This includes:
 - Children ages 6 months to 23 months.
 - People who are 65 years of age and older.
 - People 2 years old or older who have an underlying, long-term illness, such as heart or lung disease, metabolic disease (like diabetes), kidney disease, a blood disorder, or a weakened immune system (including people with HIV/AIDS).
 - Women who will be pregnant this flu season.
 - People who live in nursing homes or other chronic-care places.
 - People who are 6 months to 18 years of age, and take aspirin daily.
 - Health-care workers who take care of patients.
 - People who have or take care of a baby under 6 months old.
- Flu shots should **not** be given to babies under 6 months old.
- If you are at special risk from complications of flu, you should consult your health-care provider when your flu symptoms begin. Your doctor may choose to use certain antiviral drugs to treat the flu.
- People 65 years of age and older should talk to their healthcare provider about getting a pneumonia vaccination, since pneumonia is the most serious complication of the flu.
- Keep in mind that for healthy people influenza is an annoying illness, but it's usually something from which you will recover with normal self-care.
- The best defense against influenza is prevention, and the best prevention is common-sense personal hygiene precautions.
- To prevent the spread of this disease, it's important to remember to:
 - Avoid close contact with people who are sick. When you are sick, keep your distance from others to protect them from getting sick too.
 - If possible, stay home from work, school, and errands when you are sick. You will help prevent others from catching your illness.
 - Cover your mouth and nose with a tissue when coughing or sneezing. If you don't have a tissue, cough or sneeze into your sleeve. It may prevent those around you from getting sick.
 - Wash your hands often. It will help protect you from germs.

- Avoid touching your eyes, nose or mouth. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.
- If you get the flu, the treatment is good old-fashioned rest, fluids and the over-the-counter medications typically used to treat symptoms.
- If your child has the flu, do not give aspirin or other medications containing aspirin. Be sure to check labels carefully since even some common medicines for upset stomach, such as PeptoBismal and Kaopectate, contain aspirin.
- If you have concerns or questions about yourself or an ill family member, you should consult your health-care provider.

TAB A-4
2006-2007 INFLUENZA SEASON MESSAGES

Proposed Messages for the 2006-2007 Influenza Campaign

Brainstorming Meeting of Communication Work Group

Revised 8/28/06

Public

Overarching Messages for All Groups

1. *Main message*

Influenza is a serious disease that can lead to hospitalization and even death. The single best way to protect yourself and your loved ones is to get vaccinated—either by the flu nasal spray or injection. Flu vaccines are safe, effective and cannot cause the flu.

2. Avian and pandemic influenza are not immediate threats to human health. However, annual flu is a serious disease that can lead to hospitalization and even death.
3. Seek flu vaccination as soon as it becomes available in your community. The nasal spray vaccine is available now and injectable vaccine is available beginning in October or November.
4. The flu is contagious and can be incapacitating.
5. The flu is not just a bad cold. It can make you so sick that you may not be able to work, attend school, or care for your loved ones. It can put you in the hospital and even lead to death.
6. Each year, 25 to 50 million people in the U.S. are infected with annual flu.
7. Each year, on average, 36,000 people die and more than 200,000 people are hospitalized due to the flu in the United States.
8. The earlier you get the flu vaccine, the sooner you're protected.
9. The best time to get the flu vaccine is NOW!
10. There is ample flu vaccine. Make an appointment today to get vaccinated.
11. The Advisory Committee for Immunization Practices recommends vaccinating as long as vaccine is available and influenza is in the community.

Parents

1. The flu is a serious disease that can put your child in the hospital. Protect your child and yourself with a flu vaccine. Get one today.
2. Children from 6 months to their 5th birthday are at risk for complications from the flu and should be vaccinated.
3. Each year, about 20,000 children younger than age 5 are hospitalized because of flu complications, and some die.
4. Children with the flu often transmit it to others in their household. Those at greatest risk for complications from the flu are children and adults with chronic health conditions, people 65 or older, and pregnant women. Make sure everyone in your household gets a flu vaccine. Do it today.
5. Your child counts on you for the best possible care. Make sure you and your child get a flu vaccine this week. Schedule an appointment today.
6. If you are caring for a child and a parent, make sure you and they get protection against the flu with a flu vaccine. Call your doctor for an appointment today.
7. Parents and family members can protect infants under six months from getting the flu by getting vaccinated themselves.
8. Your child needs a flu vaccine every year to protect his or her health.
9. If your child has never received a flu vaccine, he or she may need two vaccines to be fully protected. Ask your doctor what's best for your child.

Employers

1. The flu is serious business – translating into employee absences, lost productivity, and bottomline losses.
2. Healthy workers who have been vaccinated have 43% fewer sick days than unvaccinated workers. With a vaccinated health team, there is less chance for an influenza outbreak which could cripple your practice and your ability to care for patients—all of which affect profitability.
3. Influenza kills. Protect your employees, protect your business. Offer your employees free flu vaccines this fall.
4. Caring for your employees' health is smart business. Host a free flu vaccine clinic at your workplace between October and February 1.
5. Pandemic flu preparedness begins with a solid plan of protection for you, your business, and your employees and free annual flu vaccines onsite for all workers

Employees

1. The flu is not a holiday from work. It can be incapacitating and lead to hospitalization and death.
2. Working sick is foolish. You can get sicker, spread the flu to others, and cause co-workers to miss work and lose much-needed income.
3. The flu can last up to two weeks. Is that how you want to spend vacation days?
4. Influenza kills. Don't gamble with it. Get your flu vaccine today.
5. Even if you're healthy, you need protection from this year's flu because the virus changes each year. Make an appointment to get your flu vaccine today.
6. Take time to get a flu vaccine so you don't take time away from work.
7. You're too busy for the flu. Get a flu vaccine today.
8. You don't have time for the flu. Get flu protection. Schedule a flu vaccine today.

Providers (Regarding Practice, Colleagues, Selves)

Provider (Regarding Their Patients)

1. Bottomline, you can't afford the flu. It can severely affect your colleagues, your practice, and your ability to care for patients. Get your flu vaccine today.
2. Unvaccinated health workers can trigger a flu outbreak at work. Make sure you and your team get vaccinated today.
3. Some health professionals think they are immune to the flu. Don't gamble with a killer. Get your vaccine today!
4. Be a model for workplace etiquette – don't work sick!
5. Flu vaccines are safe, effective and cannot give you the flu.

Providers (Regarding Patients)

1. Influenza kills. Encourage your patients, especially those at risk, to get a flu vaccine—either the nasal spray or injectable--anytime through February 1.
2. There are many things your patients want from you and your staff, but not the flu. Make sure you and your health team get a flu vaccine today!
3. Your patients count on you and your health team for care and advice. Encourage them to get a flu vaccine and make sure you and your staff get one, too. Do it today!
4. Supplies are ample. Encourage all patients to get the flu vaccine.

Seniors

1. You lead a vital and active life. You don't have time for the flu. Get your flu shot today!
2. Medicare covers the flu shot. So don't gamble on a killer. Get your flu shot today. Your loved ones will be glad you did.
3. You don't have time for the flu. Get your flu shot today! And tell your loved ones to get theirs, too!

Extending Season

1. There's still time to get a flu vaccine. Supplies are available through February 1.
2. Start the New Year healthy. Get a flu vaccine this week. Supplies are available through February 1.
3. Getting the flu vaccine anytime between now and February 1 can offer protection as the flu can last until May.
4. The holidays are over, but the flu is around the corner. Don't gamble on a killer. Get your flu vaccine before February 1.
5. New school semester. New commitments. New projects. No time for the flu. Protect your child and yourself. Get the flu vaccine by February 1.
6. The holidays are over. And it's back to work. Protect yourself against the flu. Get your flu vaccine today.
7. Your holiday resolution is for a healthy year. Start it off right with a flu vaccine.

Abundance of vaccine

1. We have more flu vaccine this year than ever before. Take advantage of this ample supply, and protect yourself against this serious disease. Get your vaccine today.
2. We have ample supplies of vaccine. So there is no excuse to not get vaccinated this year. It's safe, effective, and available through February 1.
3. No one is immune to the flu. It's a killer. Get a flu vaccine today! We have ample supplies.
4. Influenza vaccine manufacturers report they expect to produce more than 100 million doses of influenza vaccine this year. This amount is at least 17 million more doses of influenza vaccine than were distributed in 2003 and 19 million more than distributed in 2005. If vaccine produced in Canada is licensed for distribution in the U.S., there may be more than 110 million doses of influenza vaccine produced and distributed this season.
5. According to vaccine manufacturers, about 75 million doses will be distributed by the end of October. This amount is about 15 million more doses than were distributed by the end of October 2005.

6. It is expected that a significant amount of influenza vaccine should be available in physician's offices and communities during October to allow providers to begin vaccinating people against influenza.

Vaccine delayed

1. The nasal vaccine is safe and effective and available NOW for non-pregnant, healthy individuals between 5 and 49. Make an appointment today to get this flu vaccine.

2. You have until February 1 to get the vaccine, so please be patient.

3. More vaccine is on the way. Call your doctor to learn when it will arrive or visit www.cdc.gov/flu.

4. You can get protection against the flu through February 1. .

5. Stay in touch with your doctor or for more information, call 1-800-CDC-INFO.

6. Patience is key during this flu season. Getting vaccinated in December, January, or even later can still be beneficial as flu season can last as late as May.

Website

Visit www.cdc.gov/flu for more information.

TAB A-5

AVIAN AND PANDEMIC INFLUENZA FAQs

Pandemic influenza (flu) FAQ's

What is influenza?

Influenza is a respiratory illness that causes fever, body ache, cough and extreme fatigue. During a normal influenza season, which happens every year, 10-20% of the US population becomes ill and about 36,000 people nationwide die from influenza or its complications.

What is pandemic influenza?

An influenza pandemic is a global outbreak caused by a new influenza virus to which humans have no immunity. This means the virus can spread rapidly and that it is more likely to cause serious illness and death than annual influenza.

In the last century, there were 3 pandemics: 1918 "Spanish flu" caused 500,000 death in the United States and killed up to 40 million people worldwide; the 1957 "Asian flu" and the 1968 "Hong Kong flu" were much milder but still caused 70,000 and 34,000 United States death, respectively.

How likely is it that we will see a pandemic in our lifetime?

We can't predict when a pandemic will occur or how severe it will be, but one is likely because influenza viruses are always changing.

In a future pandemic, how many people will be affected?

The severity will depend on the virus that causes it, but it a particularly severe pandemic could overwhelm public health and health care systems and create social disruption. The most severe pandemic in recent history was that of 1918, when about 25% of the population got sick, and many were young adults. In the more typical pandemics, such as those of 1957 and 1968, about three times as many people get sick or die as in a usual flu season."

How will we know when a new influenza virus is identified?

Public health authorities in countries around the world are working together to improve disease detection and tracking. A worldwide network of laboratories is actively testing and sharing information about influenza viruses.

Will vaccines be available?

Vaccines will likely be in short supply at the start of a pandemic. Additionally, it takes six to 12 months to produce a vaccine that is effective against a new influenza strain.

How will authorities limit the spread of illness?

Not all illness can be prevented, but we can minimize illness and death through public health measures, including education for the public and health care providers, prioritization of available vaccines and antiviral medications, surveillance for rates of illness, monitoring of risk factors for severe disease, and coordination of health care resources.

Is quarantine an option?

Public health would first call upon voluntary measures, such as advising people with respiratory symptoms to stay home from work or school and avoid public places.

Quarantine is the separation of people who have been exposed to an illness--but who are not yet ill--from other people. Quarantine would only be used if it could control the disease in question. For influenza, quarantine would only be used, if at all, during the earliest stages of the outbreak.

Isolation is the separation of people who are already ill from others in the community. Isolation, probably on a voluntary basis, would likely be recommended at all stages of a pandemic in an attempt to limit person to person spread.

What can I do to protect myself during a pandemic?

Stay informed. Practice good health habits--eat a balanced diet and get sufficient rest. Don't spread germs—cover your coughs and sneezes and wash your hands often. Stay away from sick people. If you are ill, stay away from others. As with any emergency, be prepared with a supply of essential supplies, such as food, water and prescription medicines.

What is the government doing to prepare for a pandemic?

The World Health Organization and countries throughout the world have developed emergency plans, as have the US Department of Health and Human Services and state governments, including Oregon, throughout the country. Oregon has a plan, and we will continue testing it so everyone that has a role is prepared to respond.

What does the President's plan provide?

The President's plan spends billions on stockpiling vaccine, medications and developing new vaccine. It calls for building up national reserves of antiviral medicines. But it allocates only \$100 million for state and local government—an

insufficient amount for bolstering the public health systems that would be charged with delivering mass medications.

How can I prepare?

Stay informed. As with any emergency, you should be prepared with essential supplies, such as food, water and medicine.

Should I be stockpiling antivirals, such as Tamiflu and Relenza?

No. Supplies need to be reserved for people at risk of complications from annual influenza. It is not clear that these medications will work for new strains of influenza.

What about businesses, schools, and other community organizations?

A severe pandemic could have a significant impact on our economy and daily life. Businesses and communities should prepare as they would for other emergencies by identifying essential functions and planning for how they would provide a continuity of services.

Important clarification regarding pandemic influenza and avian influenza:

Currently, pandemic influenza is getting much attention because of a heightened concern that the H5N1 avian influenza could mutate and become transmissible among humans--and potentially lead to a pandemic. It is important to note that if a pandemic occurs, it might or might not be due to avian influenza. Information on avian influenza is available at (cross reference).

H5N1 avian influenza (bird flu) FAQ's

What is avian flu?

Avian flu is a type of influenza that occurs naturally among wild birds. A few of these strains have caused severe disease in poultry. One such strain, an H5N1 virus, has caused outbreaks in poultry throughout SE Asia since 1997.

Is avian flu a threat to humans?

There have been reports of about 120 instances where humans contracted avian flu from direct contact with infected domesticated birds. Of those, about half have died. Currently, avian flu is rarely--if ever--transmitted from person-to-person but if the virus changes to allow that to happen, a pandemic could occur because humans lack immunity to H5N1 influenza.

Is it safe to eat poultry?

H5N1 has not been detected in the United States and our country bans imports of poultry from areas that have been affected with H5N1. Influenza virus is destroyed by heat, so normal cooking (so food temperature reaches 160° F in all parts) will kill the virus.

What are the symptoms of human avian flu?

They are similar for other influenza viruses--fever, body ache, cough and extreme fatigue, but can be more severe—some child victims have had diarrhea and coma.

What is government doing to prepare for avian flu?

Federal and state agricultural agencies are conducting ongoing poultry surveillance and plans are in place for how to contain the disease if it were detected. Those plans include disposal of dead birds and protecting workers. Federal and state wildlife agencies have begun surveillance for H5N1 in migratory birds in some areas of the US and are in the process of expanding this to more areas.

Is the medical care community educated and prepared for human avian flu?

The infectious disease and infection control communities at Oregon hospitals are informed, and educational efforts for other clinicians are on-going.

Is there a vaccine against avian flu?

Vaccine for H5N1 in poultry is not used in the United States. The best way to control the spread of disease in poultry is to euthanize and properly dispose of affected flocks. State and federal agriculture agencies have plans in place to address this, if necessary.

In the case of human H5N1 avian influenza, clinical trials are underway, but vaccine is not yet available.

What are the treatment protocols for people who have avian flu?

There is no specific cure for H5N1 avian influenza in people and the mortality rate is high. Patients with suspected or proven H5N1 receive supportive care in the hospital in a manner that protects other patients, visitors and hospital staff from becoming infected. If there were human cases in the US, in addition to receiving comprehensive medical care, patients with H5N1 would likely receive influenza antiviral medications to lessen the severity of the disease.

If there's no vaccine, what can I do to protect myself?

Currently, there is no H5N1 influenza in North America. People should take standard precautions to protect themselves from illness by practicing good personal hygiene and health habits.

The federal Centers for Disease Control and Prevention does not currently recommend that the public avoid travel to countries affected by H5N1. However, during travel to an affected area, you should avoid contact with poultry and any place where live poultry are raised or kept, such as poultry farms and live bird markets.

Important clarification regarding pandemic influenza and avian influenza:

Current concerns about avian influenza are frequently linked with pandemic influenza because of the potential for it to become transmissible in the human population. We do not know if that will happen or if it will evolve into a pandemic. Information on avian influenza is available at (cross reference).

TAB A-6

FACT SHEETS

Fact Sheet Title	Status	Completion Date
H5N1 Avian Influenza Facts	Completed	
Pandemic Influenza Facts	Completed	
Bird Flu Facts	Completed	
Bird Flu Facts-Spanish	Completed	
Antiviral Drug Facts	Completed	
Home Care in a Pandemic	Completed	
Isolation & Quarantine Facts	Completed	

H5N1 Avian Influenza Facts

For More Information:

Centers for Disease Control & Prevention, Toll-Free:

1-800-CDC-INFO (232-4636)

1-888-232-6348 TTY

E-mail: cdcinfo@cdc.gov

Clinician Info:
1-877-554-4625

You can also visit the following Web sites for the latest travel advisories and updated information on avian influenza:

Oregon Department of Human Services:
<http://oregon.gov/DHS/ph/spotlight/panflu/index.shtml>

Centers for Disease Control & Prevention:
www.cdc.gov/flu/avian/index.htm

World Health Organization:
www.who.int/csr/disease/avian_influenza/en/

or call your local public health department at one of the numbers listed on the back side of this fact sheet:

Introduction

- There are many different strains of avian influenza, or “bird flu” that occur naturally in wild birds. There are a few strains known to cause severe illness in birds.
- When domesticated poultry such as chickens and turkeys are infected with these strains they become very sick and many die.
- There is currently a strain of avian influenza called H5N1 that causes severe disease in domesticated poultry. Since 1997 the H5N1 virus has caused outbreaks of disease in poultry throughout SE Asia, Africa and Europe. Millions of birds have died or have been culled due to the disease.
- Some strains of avian influenza are known to cause illness in people. To date, human infection with avian influenza has not been common. Depending upon the strain of virus, human disease can range from very mild to severe respiratory disease and death.
- Since December 2003 there have been more than 200 reported human cases of H5N1 avian influenza and more than 100 deaths. All human cases have occurred in people who had close contact with infected poultry.
- To date, there have been no reports of this strain of H5N1 avian influenza in birds or humans in North America, however wildlife experts believe that the disease may show up in wild birds sometime this year.

Risks to Humans

- The people in who have become sick with H5N1 avian influenza have been those with close contact with infected poultry. Spread of the virus from person to person has been rare.
- Current concerns about avian influenza are frequently linked with pandemic influenza. Pandemic influenza is any form of influenza virus that causes a global outbreak of disease. If avian influenza were to develop the ability to spread easily from person to person, it would have the potential to cause a pandemic. It is not known whether this will happen.
- The current risk to Americans from the H5N1 avian influenza outbreak is low. This strain of the virus has not been found in the United States. There have been no human cases of H5N1 avian influenza in the United States. However, it is possible that travelers to affected countries could become infected.

Local Health Departments

Baker	541-523-8211
Benton	541-766-6835
Clackamas.....	503-655-8411
Clatsop	503-325-8500
Columbia	503-397-4651
.....	ext. 216
Coos	541-756-2020
.....	ext. 526
Crook.....	541-447-5165
Curry.....	541-247-3300
.....	ext. 3268
Deschutes	541-322-7418
Douglas	541-440-3571
Gilliam	541-384-2061
Grant	541-575-2623
Harney.....	541-573-2271
Hood River	541-386-1115
Jackson	541-774-8209
Jefferson.....	541-475-4456
Josephine	541-474-5325
Klamath	541-882-8846
Lake.....	541-947-6045
Lane	541-682-4041
Lincoln	541-265-4112
Linn.....	541-967-3888
.....	ext. 2488
Malheur	541-889-7279
.....	ext. 285
Marion	503-588-5342
Morrow	541-676-5421
Multnomah.....	503-988-3406
Polk	503-623-8175
Sherman.....	541-506-2600
Tillamook.....	503-842-3912
Umatilla	541-278-5432
Union	541-962-8865
Wallowa.....	541-426-4848
Wasco	541-506-2600
Washington	503-846-3742
Wheeler.....	541-763-2725
Yamhill.....	503-434-7483

If you have a disability and need this document in an alternate format, call (971) 673-1222 (971) 673-0372 TTY

Symptoms

- The symptoms of avian influenza in people range from typical flu-like symptoms (such as fever, cough, sore throat and muscle aches), to eye infections, pneumonia, acute respiratory distress, diarrhea, brain disease and other severe and life-threatening complications.

Protecting Yourself from Avian Influenza

- When planning an international trip, check the CDC Web site or call their public information hotline at 1-888-246-2675 for the latest travel advice.
- The Centers for Disease Control & Prevention (CDC) currently advises travelers to countries with known outbreaks of avian influenza to avoid poultry farms and bird markets where live poultry are raised or kept. Avoid any surfaces that appear to be contaminated with poultry feces or secretions.
- Wash your hands frequently. Use waterless alcohol-based hand gels when soap and water are not available and when hands are not visibly soiled.
- Influenza virus is destroyed by heat. Thoroughly cook all foods, including poultry, eggs and poultry blood.
- After return from travel, monitor your health for 10 days.
- If you become ill with fever and develop a cough or difficulty breathing during this 10-day period, be sure to tell your healthcare provider about your travel and whether you visited poultry farms or came into close contact with someone who had been diagnosed with avian influenza, or with animals in live bird markets, or any surfaces that appeared to be contaminated with droppings from poultry or other animals.
- If you are not feeling well, wash your hands frequently and cover your mouth with a tissue when you cough or sneeze. Avoid touching or kissing friends and family members, avoid public gatherings, and stay a safe distance (more than three feet) away from other people to avoid spreading your illness.
- The spread of avian influenza is not limited to any one geographic area, nor is it linked to a particular ethnic group. Any individual, regardless of their cultural identity or background can get the flu.

Treatment

- Antiviral drugs and supportive care have been used to treat patients in developing countries where the rare human cases have occurred, but the death rate is still high. The quality of healthcare available in the US could potentially save more lives.
- There currently is no vaccine to protect humans against the H5N1 avian influenza virus that is being seen in other parts of the world. However, vaccine development efforts are underway.

Pandemic Influenza Facts

For More Information:

Centers for Disease Control & Prevention, Toll-Free:

1-800-CDC-INFO (232-4636)

1-888-232-6348 TTY

E-mail: cdcinfo@cdc.gov

Clinician Info:
877-554-4625

You can also visit the following Web sites for the latest information on influenza:

Oregon Department of Human Services:

<http://www.oregon.gov/DHS/ph/spotlight/panflu/index.shtml>

Centers for Disease Control & Prevention:

www.cdc.gov/flu/pandemic/index.htm

World Health Organization:

www.who.int/csr/disease/influenza/pandemic10things/en/index.html

or call your local public health department at one of the numbers listed on the back side of this fact sheet:

Introduction

- There are many different types or “strains” of influenza. Pandemic influenza is a global outbreak of disease that occurs when a new influenza virus emerges and starts spreading easily from person to person through coughing and sneezing.
- Because the virus is new, people will have no natural immunity (protection) and those who become ill may experience more serious disease than that caused by normal seasonal influenza viruses.
- Once a pandemic virus develops, it can spread rapidly, causing outbreaks around the world. A major pandemic could overwhelm public health and health care systems and create widespread social disruption.
- Flu pandemics are known to have occurred periodically in the past several hundred years. The 1918 “Spanish flu” was the 20th century’s largest pandemic and killed at least 500,000 people in the United States and up to 40 million worldwide. There were also much smaller pandemics in 1957 and 1968, in which the death rates were double or triple the number that occur in a usual year. (The “usual” influenza is, in fact, a deadly disease that should be taken seriously, causing an estimated 36,000 deaths in the US each year.)

Surveillance and Detection

- Detecting a pandemic relies on surveillance, a core public health function that informs us when cases of a new disease arrive, how many people are sick or at risk of infection, and where the disease is spreading.
- The U.S. Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO) have large surveillance programs to monitor and detect influenza activity around the world, including the emergence of possible pandemic strains of influenza virus.
- Lab testing is critical for identifying specific details of the pandemic disease. The Oregon State Public Health Laboratory is a key player in testing specimens and forwarding them to the CDC when necessary.

Prevention

- In a pandemic, the community systems we rely on—health care, schools, work, travel, church and social events—may be severely disrupted. Disease control will require individual and community action:
 - Personal hygiene measures—washing hands frequently, covering coughs, staying home when ill, and staying informed of the situation.
 - Community measures—voluntary isolation of ill people, limiting illness to specific wards or hospitals, curtailing travel, and canceling large events (basketball games, concerts, etc.)—may be used.

Local Health Departments

Baker	541-523-8211
Benton	541-766-6835
Clackamas.....	503-655-8411
Clatsop	503-325-8500
Columbia	503-397-4651
.....ext. 216	
Coos	541-756-2020
.....ext. 526	
Crook.....	541-447-5165
Curry.....	541-247-3300
.....ext. 3268	
Deschutes	541-322-7418
Douglas	541-440-3571
Gilliam	541-384-2061
Grant	541-575-2623
Harney.....	541-573-2271
Hood River	541-386-1115
Jackson	541-774-8209
Jefferson.....	541-475-4456
Josephine	541-474-5325
Klamath	541-882-8846
Lake.....	541-947-6045
Lane	541-682-4041
Lincoln	541-265-4112
Linn.....	541-967-3888
.....ext. 2488	
Malheur	541-889-7279
.....ext. 285	
Marion	503-588-5342
Morrow	541-676-5421
Multnomah.....	503-988-3406
Polk	503-623-8175
Sherman.....	541-506-2600
Tillamook.....	503-842-3912
Umatilla	541-278-5432
Union	541-962-8865
Wallowa.....	541-426-4848
Wasco	541-506-2600
Washington	503-846-3742
Wheeler.....	541-763-2725
Yamhill.....	503-434-7483

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Risks

- Many scientists believe it is only a matter of time until the next influenza pandemic occurs. The severity of the next pandemic cannot be predicted, but modeling studies suggest that the impact of a pandemic on the United States could be substantial. The CDC projects that as much as 25% to 35% of the US population could be affected.
- However, the risk to Americans from the current H5N1 avian influenza outbreak in other parts of the world is considered low. There have been no human cases of H5N1 avian influenza in the United States. However, it is possible that travelers to affected countries could become infected.
- The people in who have become sick with avian influenza have been those with close contact with infected poultry. Spread of the virus from person to person has been rare.

Controlling the Spread of Disease

- Although a vaccine is not likely to be available to protect against a new pandemic strain of influenza, getting a flu shot is still the best way to prevent normal seasonal influenza that kills thousands of people in the U.S. each year.
- Wash your hands frequently. Use waterless alcohol-based hand gels when soap and water are not available and when hands are not visibly soiled.
- If you are not feeling well, wash your hands frequently and cover your mouth with a tissue when you cough or sneeze. Avoid touching or kissing friends and family members, avoid public gatherings, and stay a safe distance (more than three feet) away from other people to avoid spreading your illness.
- When planning an international trip, check the CDC Web site or call their public information hotline at 1-888-246-2675 for the latest travel advice.
- The CDC currently advises travelers to countries with known outbreaks of avian influenza to avoid poultry farms and bird markets where live poultry are raised or kept. Avoid any surfaces that appear to be contaminated with poultry feces or secretions.
- Influenza virus is destroyed by heat. Thoroughly cook all foods, including poultry, eggs and poultry blood.
- After return from travel, monitor your health for 10 days. If you become ill with fever and develop a cough or difficulty breathing during this 10-day period, be sure to tell your healthcare provider about your travel.

Treatment

- Antiviral drugs and supportive care would likely be the treatment for a new strain of influenza in humans. However, antiviral drug supplies will likely be inadequate in the early stages of a pandemic.
- Unfortunately, once a potential pandemic strain of influenza virus is identified, it will take 6 to 12 months produce new vaccine, so there will be little available at the start of a pandemic, and at any time during a pandemic the need for vaccine will likely exceed the supply.

Bird Flu Facts

For More Information:

Centers for Disease Control & Prevention, Toll-Free:

1-800-CDC-INFO (232-4636)

1-888-232-6348 TTY

E-mail: cdcinfo@cdc.gov

You can also visit the following
Web sites for the latest travel
advisories and updated
information on avian influenza:

Oregon Department of Human Services:

[http://oregon.gov/DHS/ph/
acd/flu/zooflu.shtml](http://oregon.gov/DHS/ph/acd/flu/zooflu.shtml)

Centers for Disease Control & Prevention:

[www.cdc.gov/flu/avian/
index.htm](http://www.cdc.gov/flu/avian/index.htm)

World Health Organization:

[www.who.int/csr/disease/
avian_influenza/en/](http://www.who.int/csr/disease/avian_influenza/en/)

US Department of Agriculture:

[http://www.aphis.usda.gov/
vs/birdbiosecurity/](http://www.aphis.usda.gov/vs/birdbiosecurity/)

**or call your local public health
department at one of the
numbers listed on the back
side of this fact sheet:**

Introduction

- There are many different kinds of bird flu. Some types of bird flu are mild, but others make both wild and tame birds very sick.
- When birds that people raise, such as chickens, turkeys or ducks, catch the bird flu they become very sick and many die.
- Right now there is a very deadly type of bird flu making birds sick in many parts of the world, including Asia, Africa and Europe. Since 1997 millions of birds have died or been killed to prevent the spread of this sickness to birds around the world.
- Some types of bird flu can make people sick. At this time, human sickness with this deadly type of bird flu has not been common. Depending upon the type of bird flu, people can get mildly sick or get very sick and die.
- Since December 2003 more than 200 people have become sick and more than 100 have died. All of the people who have gotten sick have had close contact with sick birds.
- This type of bird flu is not yet in North America, but it is expected that wild birds could bring it here this year.

Risks to People

- The people who have become sick with the deadly bird flu have been in close contact with sick birds.
- The bird flu is not believed to spread from person to person, but some scientists fear it could change into a deadly new type that spreads easily from one person to another.
- This could cause a worldwide flu outbreak among people, which is called a "pandemic."
- The current risk to Americans from the deadly bird flu outbreak in other parts of the world is low. This type of bird flu has not been found in the United States and there have been no human cases of this type of bird flu in the United States. However, it is possible that people who travel to countries where there is bird flu could get sick if they come into close contact with sick birds.
- If you raise birds, be careful to watch for signs of sickness in your birds. Keep things clean and don't allow people to come into contact with your birds.
- If your birds get sick, call USDA's Veterinary Services toll-free at 1-866-536-7593 to find out why.

Local Health Departments

Baker	541-523-8211
Benton	541-766-6835
Clackamas.....	503-655-8411
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Yamhill.....	503-434-7483

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Symptoms

- The symptoms of bird flu in people range from typical flu-like symptoms (such as fever, cough, sore throat and muscles), to eye infections, difficulty breathing, diarrhea, brain disease and other serious and life-threatening problems.

Controlling the Spread of Disease

- The Centers for Disease Control & Prevention (CDC) currently advises travelers to countries with known outbreaks of bird flu to avoid bird farms and markets where live birds are raised or kept. Avoid touching bird droppings and wash your hands often.
- Use waterless alcohol-based hand gels when soap and water are not available and when hands do not look dirty.
- When planning an overseas trip, check the CDC Web site or call their public information hotline at 1-888-246-2675 for the latest travel advice.
- Bird flu germs are destroyed by heat. Thoroughly cook all foods, including birds, eggs and bird blood.
- After you return from travel, watch your own health for 10 days.
- If you become sick with fever and develop a cough or difficulty breathing during this 10-day period, be sure to tell your healthcare provider about your travel and whether you visited bird farms or came into close contact with someone who had been diagnosed with bird flu, or with animals in live bird markets, or with any droppings from birds or other animals.
- If you are not feeling well, wash your hands frequently and cover your mouth with a tissue when you cough or sneeze. Avoid touching or kissing friends and family members, avoid public gatherings, and stay a safe distance (more than three feet) away from other people to avoid spreading your sickness.
- The spread of bird flu is not limited to any one area of the world, or group of people. Anyone can get the bird flu.

Treatment

- Supportive care is the treatment for bird flu in people.
- Drugs called “antivirals” can help people keep from getting as sick for as long as they normally would with the flu, but these may not be available.
- There currently is no flu shot to protect people against the bird flu. However, drug companies are working to make a flu shot for bird flu in people.

Información sobre la gripe aviar

Para más información:

Llame gratis a los Centros para el Control y la Prevención de Enfermedades:

1-800-CDC-INFO (232-4636)

1-888-232-6348 TTY

Correo electrónico:

cdcinfo@cdc.gov

También puede visitar las siguientes páginas en Internet para ver los últimos anuncios de precaución para viajeros y la información actualizada sobre la gripe aviar.

Departamento de Servicios Humanos de Oregón:

[http://oregon.gov/DHS/ph/
acd/flu/zooflu.shtml](http://oregon.gov/DHS/ph/acd/flu/zooflu.shtml)

Centros para el Control y la Prevención de Enfermedades:

[www.cdc.gov/flu/avian/
index.htm](http://www.cdc.gov/flu/avian/index.htm)

Organización Mundial de la Salud:

[www.who.int/csr/disease/
avian_influenza/en/](http://www.who.int/csr/disease/avian_influenza/en/)

Departamento de Agricultura de los EE.UU.:

[http://www.aphis.usda.gov/
vs/birdbiosecurity/](http://www.aphis.usda.gov/vs/birdbiosecurity/)

Introducción

- Existen muchos tipos de gripe aviar. Algunos son leves, pero otros son muy graves, tanto para las aves silvestres como domésticas.
- Cuando las aves de corral, tales como los pollos, pavos o patos contraen la gripe aviar, se enferman gravemente y muchas mueren.
- Actualmente existe un tipo de gripe aviar mortal que está atacando a las aves en muchos lugares del mundo, incluyendo Asia, África y Europa. Desde 1997, millones de aves murieron o fueron matadas para prevenir que esta enfermedad se propague a otras aves en el resto del mundo.
- Algunos tipos de gripe aviar pueden atacar a las personas. Hasta el momento no son muchas las personas que han contraído este tipo de gripe aviar mortal. Según el tipo de gripe aviar, las personas pueden sufrir una enfermedad leve o enfermarse de gravedad y morir.
- Desde diciembre de 2003, más de 200 personas contrajeron la enfermedad, y más de 100 murieron. Todas las personas que se enfermaron habían tenido contacto directo con aves enfermas.
- Este tipo de gripe aviar todavía no llegó a Norteamérica, pero se piensa que las aves silvestres podrían traerla a fines del verano o principios del otoño.

Riesgos para las personas

- Las personas que se enfermaron con la gripe aviar mortal habían estado en contacto directo con aves enfermas.
- Se cree que la gripe aviar no se contagia de persona a persona, pero algunos científicos temen que se transforme en un nuevo tipo de gripe mortal que se contagie fácilmente de una persona a otra.
- Esto podría ocasionar un brote mundial de gripe en las personas, que recibe el nombre de "pandemia."
- El riesgo actual de que los estadounidenses se contagien de este brote de gripe aviar mortal que ocurrió en otras partes del mundo es muy bajo. Este tipo de gripe aviar todavía no se ha detectado en los Estados Unidos, y tampoco se han encontrado casos de personas con este tipo de gripe aviar en el país. Sin embargo, las personas que viajan a países donde hay gripe aviar podrían contagiarse si entran en contacto directo con aves enfermas.
- Si usted cría aves, sea cuidadoso y observe cualquier señal de enfermedad en sus aves. Mantenga todo limpio y no permita que otras personas entren en contacto con sus aves.
- Si sus aves se enferman, llame gratis a los Servicios Veterinarios del USDA al 1-866-536-7593 para averiguar por qué están enfermas.

Departamentos de Salud

locales:

Baker	541-523-8211
Benton	541-766-6835
Clackamas.....	503-655-8411
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Wallowa.....	541-426-4848
Wasco	541-506-2600
Washington	503-846-3742
Wheeler.....	541-763-2725
Yamhill.....	503-434-7483

Si tiene alguna discapacidad y necesita este documento en diferente formato, llame al:
(971) 673-1222
(971) 673-0372 TTY

Síntomas

- Los síntomas de la gripe aviar en las personas van desde los síntomas típicos de una gripe común (fiebre, tos, dolor de garganta y muscular) hasta infecciones en los ojos, dificultad para respirar, diarrea, lesión cerebral y otros problemas graves que ponen en peligro la vida).

Cómo controlar la propagación de la enfermedad

- Actualmente, los Centros para el Control y la Prevención de Enfermedades (*Centers for Disease Control & Prevention* o CDC) recomiendan lo siguiente a las personas que viajan a países donde hay una epidemia de gripe aviar: evitar acercarse a granjas de cría de aves y mercados donde haya aves vivas. Evitar el contacto con excremento de aves y lavarse las manos seguido.
- Cuando no haya agua y jabón, y cuando las manos no parezcan sucias, use el gel con alcohol para lavarse las manos sin agua.
- Cuando esté planificando un viaje al exterior, visite la página de Internet o llame a la línea de información al público de CDC al 1-888-246-2675 para ver los últimos anuncios de precaución para viajeros.
- Los gérmenes de la gripe aviar mueren con el calor. Cocine bien todos los alimentos, incluyendo aves, huevos y sangre de aves.
- Cuando vuelva de un viaje, observe su propia salud durante 10 días.
- Si le da fiebre y tiene tos o dificultad para respirar durante este período de 10 días, consulte a su médico, avísele sobre su viaje y dígame si visitó granjas de aves o tuvo contacto directo con personas con gripe aviar, con animales en mercados de aves vivas o con excrementos de aves u otros animales.
- Si usted no se siente bien, lávese las manos seguido y cúbrase la boca con un pañuelo al toser o estornudar. Para no contagiar a otros, evite tocar o besar a sus amigos o familiares, evite reuniones públicas y manténganse a una distancia prudencial (más de 3 pies) de otras personas.
- La propagación de la gripe aviar no está limitada a áreas del mundo o grupos específicos de personas. Cualquiera puede contagiarse de gripe aviar.

Tratamiento

- Las personas con gripe aviar reciben un tratamiento de apoyo.
- Las drogas conocidas como “antivirales” pueden ayudar a las personas a no enfermarse más que con una gripe común, pero estas drogas no siempre están disponibles.
- En la actualidad no hay una vacuna que proteja a las personas contra la gripe aviar. Sin embargo, las empresas farmacéuticas están trabajando para obtener este tipo de vacuna contra la gripe aviar en las personas.

Antiviral Drug Facts

For More Information:

Centers for Disease Control & Prevention, Toll-Free:

1-800-CDC-INFO (232-4636)

1-888-232-6348 TTY

E-mail: cdcinfo@cdc.gov

Clinician Info:
877-554-4625

You can also visit the following
Web sites for the latest
information on antivirals:

Centers for Disease Control & Prevention:

[www.cdc.gov/flu/about/
qa/antiviral.htm](http://www.cdc.gov/flu/about/qa/antiviral.htm)

World Health Organization:

[www.who.int/csr/disease/
avian_influenza/antivirals
2005_11_3/en/](http://www.who.int/csr/disease/avian_influenza/antivirals/2005_11_3/en/)

**or call your local public health
department at one of the
numbers listed on the back
side of this fact sheet:**

Introduction

- Vaccination is the best way to prevent the influenza and its complications. Antiviral medications are no substitute for vaccination, but they may help prevent and treat influenza in some circumstances.
- Antivirals are most often used to control flu outbreaks in nursing homes, hospital wards, or other places where people at high risk for complications from flu are in close contact with each other. These drugs also have been used on cruise ships or similar settings to control outbreaks of the flu.
- Two antiviral drugs (zanamivir and oseltamivir) are recommended for preventing or treating the flu.
- When used for prevention, they are about 70% to 90% effective for preventing illness in healthy adults.
- If taken within two days of getting sick, antivirals can reduce the symptoms of the flu and shorten the time people are sick by one or two days. They also can make those who are ill less contagious to others.

Use of Antivirals

- Both flu vaccine and antivirals may be used in the event of an outbreak. For example, during an outbreak in a nursing home, residents and staff are vaccinated—and then given antivirals to prevent flu until the vaccine takes effect (about two weeks).
- When considering antivirals, it's important to remember that most healthy people recover from the flu without complications.

Who Should Get Antiviral Drugs?

- **For Treatment:** If you get sick with flu-like symptoms, your doctor first may give you a test to find out whether you have influenza. Symptoms include fever (usually high), headache, tiredness, a sore throat and dry cough, nasal congestion and body aches. Your doctor also will consider a number of things before making a treatment decision, such as your risk of complications from flu.
- **For Prevention:** In the event of a flu outbreak in a home, institution, or community, your doctor may recommend antivirals as a preventive measure, especially if you are at high risk for complications from the flu. Also, if you are in close contact with someone who is considered at high risk for complications from flu, you may be given antiviral drugs to prevent passing flu to the high-risk person.

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Misuse of Antivirals

- Recent outbreaks of bird flu in Asia, Africa and Europe, and predictions of a potential future pandemic have prompted some individuals to seek prescriptions of certain brands of antiviral drugs, such as Tamiflu® (oseltamivir) and Relenza® (zanamivir) "just in case," however, this is discouraged.
 - People who stockpile antivirals for future use could make these drugs less available for those who need them.
 - Existing supplies of antiviral medications need to be reserved for those who are at the most risk of complications from influenza. These include:
 - People 65 years of age and older
 - Children 6-23 months of age*
 - People of any age with chronic medical conditions (for example, heart or lung disease, diabetes)
 - Pregnant women
- *Please note: Antivirals are not approved for use in children less than 1 year of age.***
- Antivirals are prescription medications with potentially serious side effects and must be taken according to your doctor's instructions to be effective.
 - Indiscriminate and inappropriate use of antivirals may promote the growth and spread of drug-resistant influenza viruses, rendering the currently available drugs ineffective.
 - Antiviral drugs are effective only against influenza viruses. They will not help reduce symptoms associated with the common cold or many other flu-like illnesses caused by viruses that circulate in the winter.
 - All of the available antiviral drugs differ regarding who can take them, how they are given, appropriate dose based on age or medical conditions, and side effects. Your doctor will help decide whether you should get antivirals and which one is right for you.

Government Stockpiling of Antiviral Medications

- The United States has a limited supply of influenza antiviral medications in the Strategic National Stockpile (SNS) for emergency situations. The U.S. Department of Health and Human Services (HHS) will continue to procure additional supplies of antiviral medications. Some of this supply will be held in reserve in the event of an influenza pandemic.
- Some experts believe that, should a pandemic strain emerge, antivirals might help to slow its spread and buy time to produce vaccines against the new virus.

Home Care in a Pandemic

For More Information:

Centers for Disease Control & Prevention, Toll-Free:

1-800-CDC-INFO (232-4636)

1-888-232-6348 TTY

E-mail: cdcinfo@cdc.gov

Clinician Info:
877-554-4625

You can also visit the following
Web sites for the latest
information on influenza:

Oregon Department of Human Services:

[http://www.oregon.gov/DHS/ph/
spotlight/panflu/index.shtml](http://www.oregon.gov/DHS/ph/spotlight/panflu/index.shtml)

Centers for Disease Control & Prevention:

[www.cdc.gov/flu/pandemic/
index.htm](http://www.cdc.gov/flu/pandemic/index.htm)

World Health Organization:

[www.who.int/csr/disease/
influenza/pandemic10things/
en/index.html](http://www.who.int/csr/disease/influenza/pandemic10things/en/index.html)

Introduction

- As with normal seasonal influenza, most patients who become ill in a pandemic can be cared for at home by a family member and will not need direct care from a healthcare provider or need to be hospitalized.
- Successfully caring for those who are ill will require some common-sense measures to prevent the spread of illness.

Controlling the Spread of Disease

- People who are sick should:
 - Stay at home
 - Stay away from others in the household
 - Cover their mouth and nose when coughing and sneezing to prevent the illness from spreading.
- One person in the house should take care of those who are ill by providing for their basic needs and making sure they get enough to drink. If possible this should be someone who does not have an underlying condition that places them at increased risk of severe influenza disease.
- Having the patient or caregiver wear a surgical mask may help protect the caregiver from becoming ill.
- Everyone in the house needs to help keep illness from spreading by washing their hands frequently with soap and water or using an alcohol-based hand cleaner.
- Persons who have not been exposed to pandemic influenza and who are not essential for patient care or support should not enter the home while persons are actively ill with pandemic influenza.

Keeping Things Clean

- Although it's not necessary to separate dishes and eating utensils used by the patient, these should not be shared until they have been washed either in a dishwasher or by hand with warm water and soap.
- Care should be used when handling soiled laundry used by the patient (i.e., avoid "hugging" the laundry and wash your hands after handling). It is not necessary to separate soiled linen and laundry used by a patient with influenza from other household laundry. Laundry can be washed in a standard washing machine with warm or cold water and detergent.
- Tissues used by the ill patient should be placed in a bag and disposed with other household waste. Consider placing a bag for this purpose at the bedside.
- Use normal cleaning procedures for surfaces in the home.

Treatment

- For fever, sore throat and general discomfort, adults may use ibuprofen or acetaminophen.
- Children and teenagers with influenza should not take aspirin or products that contain aspirin. This can cause a life-threatening illness called Reye's syndrome.
- Call the public health hotline or you healthcare provider if the patient does not improve, has difficulty breathing or bluish discoloration around the mouth, feels pain or pressure around the chest, has convulsions, does not respond, or shows signs of dehydration.
- Household members should watch closely for the development of influenza symptoms and contact a telephone hotline or medical care provider if symptoms occur.
- The patient should avoid drinking alcohol and use of tobacco. Smoking should not be allowed in the home.

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Isolation & Quarantine Facts

For More Information:

Centers for Disease Control & Prevention, Toll-Free:

1-800-CDC-INFO (232-4636)

1-888-232-6348 TTY

E-mail: cdcinfo@cdc.gov

Clinician Info:
877-554-4625

You can also visit the CDC Web site for the latest information about Isolation & Quarantine

Centers for Disease Control & Prevention:

[www.cdc.gov/ncidod/dq/
isolationquarantine.htm](http://www.cdc.gov/ncidod/dq/isolationquarantine.htm)

If you have a disability and need this document in an alternate format, call (971) 673-1222 (971) 673-0372 TTY

Introduction

To contain the spread of a contagious illness, public health authorities rely on many strategies. Two of these strategies are isolation and quarantine. Both are common public health practices, and both aim to lessen the likelihood that persons with an infection will spread it to others. Both may be undertaken voluntarily or compelled by public health authorities. The two strategies differ in that isolation applies to persons who are known to have an illness, and quarantine applies to those who have been exposed to an illness but who may or may not become ill.

Isolation: for people who are ill

- Isolation refers to the separation of persons who have a specific infectious illness from those who are healthy. Isolation allows for the treatment of ill persons, and it protects healthy people from getting sick.
- People in isolation may be cared for in their homes, in hospitals, or in designated healthcare facilities. In most cases, isolation is voluntary; however, federal, state and local health officials have authority to compel isolation of sick people to protect the public.

Quarantine: for people who have been exposed but are not ill

- Quarantine refers to the separation and restriction of movement of persons who, while not yet ill, have been exposed to an infectious agent and therefore may become infectious.
- Oregon has the authority to declare and enforce quarantine within its borders. The Centers for Disease Control and Prevention (CDC), through its Division of Global Migration and Quarantine, also is empowered to detain, medically examine, or conditionally release persons suspected of carrying certain communicable diseases.
- Implementing isolation and quarantine measures requires the trust and participation of the public, who must be informed about the dangers of contagious diseases subject to quarantine before an outbreak, as well as during an actual event.

Examples of the Use of Isolation & Quarantine

- Isolation is a standard procedure used in hospitals today for patients with tuberculosis (TB) and certain other infectious diseases.
- During the 2003 global SARS outbreak, patients in the United States were isolated until they were no longer infectious. This practice allowed patients to receive appropriate care, and it helped contain the spread of the illness. Seriously ill patients were cared for in hospitals. Persons with mild illness were cared for at home. Persons being cared for at home were asked to avoid contact with other people and to remain at home until 10 days after the resolution of fever, provided respiratory symptoms were absent or improving. The CDC advised persons who were exposed but not symptomatic to quarantine themselves (i.e. stay at home), monitor themselves for symptoms and seek medical evaluation if symptoms appeared. This was effective in controlling the spread of disease.

TAB A-7
INFLUENZA VACCINATION ADVERSE EVENT
COMMUNICATION PLAN

Influenza Vaccination Adverse Event Communication Plan

(Life-threatening Reactions or Vaccine-Associated Death)

Situation

The state of Oregon receives an official report concerning any of the following adverse events related to antiviral or influenza vaccination:

- A member of the public is experiencing a serious to life-threatening health event that occurs after (and within a plausible window of) their flu vaccination or antiviral treatment.
- The person is dying or has died.
- Through investigation, the state learns that screening guidance was not followed adequately, and that the person should not have been vaccinated or treated with antivirals.

Communication Assumptions

1. The state has worked out a policy with local county health officials and their staffs concerning communication about adverse reactions. The state will encourage the county to issue a joint news media release.
2. A life-threatening adverse event, and particularly a death associated with flu vaccination or antiviral treatment, will generate much media coverage, as well as attention, and even outrage, in the health and medical community, special interest groups, policy makers and the public at large. If the adverse event involves a child, the outrage factor is likely to be very large.
3. The state and its partners will need to prepare answers to the following questions, among others:
 - a. Did the vaccination site or healthcare provider do anything wrong?
 - b. Was the patient properly screened?
 - c. What other safe-guards can be put in place?

If there is a death:

- d. Will the vaccination program continue—at this location?
- e. Will the vaccination program continue—in this county?
- f. Will the vaccination program continue—in the state?
- g. How many deaths are considered “acceptable” losses?

4. Some people may never believe that proper screening or vaccine administration procedures were followed—irrespective of the results of any investigation. Further, even if an investigation finds that proper screening or vaccine administration took place, a life-threatening adverse event or death associated with flu vaccine or use of antivirals will likely seriously undermine confidence in flu vaccination or use of antivirals.
5. Many/most of the people and agencies involved with the vaccination are likely to quickly look to deflect, place, or avoid “blame” or responsibility for the life threatening adverse reaction or death.
6. Risk communication principles should guide the state’s messages (e.g. acknowledge uncertainty, express wishes and feelings, acknowledge the seriousness or dreadfulness of the situation).

Phased Communication Response

Initial Phase

Applies to these situations:

- The state receives an official report concerning a **patient** who is experiencing a **serious to life-threatening health event** that occurs after (and within a plausible window of) their influenza vaccination or antiviral medication.

Communication objectives during this phase include:

- Acknowledge event with empathy
- Explain and inform policy makers, the affected communities, and the public at large, in the simplest terms, about the situation
- Establish the credibility of the organization/spokesperson
- Provide courses of action, including how/where to get more information and appropriate policy options
- Commit to stakeholders and the public to continued communication.

Communication Action Steps

Based on the pre-determined policy established with local health officials, the following sequence of communication events should take place:

For the Media:

- a. The **State/Local Health Department** will issue a joint press release with CDC announcing a serious adverse reaction has been reported. If the Local health department does not release the information, the state will do so without releasing the name of the county where vaccination occurred, if the county requests it.

In order to protect the vaccinee's privacy, the state will release only the following information: vaccinee's age, gender, whether previously vaccinated, type of reaction and whether vaccinee had any contraindications.

- i. The trigger is the hospitalization of the patient.
- b. The briefing will include the information that the state is working with the local health department and the CDC to investigate the situation and determine that every safety guideline was followed.
- c. If asked to comment, the state will refer to our role in backing up the local health department in investigating the reaction and vaccination procedures, providing medical treatment, and documenting the occurrence.
- d. Any televised interviews will feature a scientist who can speak for the agency's role in managing adverse events associated with the vaccine/antiviral. Similarly, any press telephone briefings will feature the most appropriate scientists associated with the flu vaccine program.
- e. All parties will emphasize core messages, as follows:
 - i. We are deeply concerned that someone is experiencing a serious health problem.
 - ii. We will provide all medical treatment possible to restore the person to his/her previous state of health
 - iii. We will do everything possible to protect the privacy of the individual
 - iv. We are working with the medical team caring for the patient to determine the cause of the health problem. We cannot be certain at this time that it has been caused by the vaccine/antiviral.
 - v. We are working with the vaccine site to go over the quality assurance measures, vaccine screening procedures, (and so on).
 - vi. We will keep the public, and our colleagues in health informed about the situation as soon as we learn more.

Affected Community:

1. Establish relationships with communities affected by the specific emergency
2. Identify public education needs
3. Inventory county capability to carry out/support health education programs
4. Identify and assess pre-existing perceptions about flu vaccine or antivirals.
5. Develop and implement public education campaigns based on information gathered from affected communities
7. Evaluate educational materials/interventions

1. Phase II: Crisis deepens

Applies to these situations:

- The state learns that the **person** is experiencing a life threatening adverse event and **is dying/has died**.
- The person who has died is a **child**.
- Through investigating the situation above, the state learns that **screening guidance was not followed adequately**, and that the person should not have been vaccinated/received antiviral treatment.

Communication objectives during this phase include:

- Express empathy and sympathy for affected parties
- Acknowledge anger and fear felt by community
- Listen to stakeholder, community and public feedback
- Help stakeholders (including potential vaccines) and the public put risks into perspective
- Provide additional information to answer questions (e.g. How could this happen? Can we keep this from happening again? How?) and correct misinformation
- Explain new (ongoing) recommendations

Communication Action Steps

Based on the pre-determined policy established with local health officials, the following sequence of communication events should take place:

For the Media:

- a. The **State/Local Health Department** and CDC will co-lead a press briefing concerning the confirmation of the life threatening adverse event/death.

- b. Any televised interviews with DHS will feature the State Public Health Officer or State Epidemiologist. Similarly, any press telephone briefings will feature the State Public Health Officer and most appropriate scientists associated with the vaccine program.
- c. All parties will emphasize core messages, as follows:
 - While we have anticipated that someone could potentially die from this vaccine, this in no way reduces our sorrow that this has actually occurred.
 - All medical treatment possible was provided but to no avail
 - We will do everything possible to protect the privacy of the family
 - We are working with the vaccine site to go over the quality assurance measures, vaccine screening procedures, (and so on).
 - The vaccine program will/will not continue while we are completing this investigation.

Attachment B: Surveillance

Surveillance for new subtypes of influenza will determine the start and end of an influenza pandemic in Oregon, and will help define groups at high risk for complications. Prompt detection of the first cases of a new influenza subtype may provide opportunities to slow spread even if the pandemic cannot be prevented. Surveillance data are vital to other state activities such as health care planning, vaccine and antiviral use, and recommendations about community control measures.

During pandemic Phases 3-5, laboratory testing of ill citizens will detect the arrival of a pandemic influenza subtype in Oregon. During Phase 6, laboratory efforts will focus on confirming infection as a part of systematic surveillance and in identifying viral evolution and the frequency of drug resistance. New reporting requirements and systems will be needed to monitor hospitalizations related to the pandemic. The enumeration of deaths and hospitalizations will provide a measure of the magnitude and intensity of the outbreak. Existing systems for tracking annual influenza and influenza deaths will be enhanced to respond to the anticipated surge in reports and the need for timely data during a pandemic.

Assumptions

- Continuity of vital records reporting will be a priority for Oregon and its counties.
- Hospital information systems (or designated individuals in small facilities) will be able to report daily a list of admissions, discharges, diagnoses and deaths.
- Alternative sites of care, if in use, will not be the main focus of disease surveillance.

Objectives

- Detect the onset of a pandemic in Oregon.
- Measure the number of deaths from respiratory illness (all causes) during a pandemic.
- Measure the number of individuals requiring hospitalization during a pandemic.
- Define the groups at highest risk for infection, hospitalization and death during a pandemic.

Authorities

Oregon Revised Statute	Title
431.110	General powers of Department of Human Services
431.550	Authority of Department of Human Services to collect information from local public health administrators
432.005 to 432.337	Vital statistics
433.001 to 433.012	Reportable diseases; duty to report; effect of failure to report; rules; investigation and control measures

Oregon Administrative Rule	Title
333-001-0000	DHS Public Health; notice of proposed rule
333-003-0030	Public Health Preparedness; impending health crisis; new reporting requirements
333-003-0050	Public Health Preparedness; impending health crisis; access to individually identifiable information
333-011-0072	Death Registration
333-018-0000 to 0020	Disease Reporting
333-019-0000 to 0015	Investigation and Control of Diseases

Summary of Activities by Pandemic Period

This section describes surveillance activities during each pandemic phase (see section 1.2, *World Health Organization Pandemic Phases*).

Interpandemic/Early Pandemic Alert (Phases 1-3)

Oregon conducts routine surveillance for influenza and influenza-like illness (ILI) by a variety of methods throughout the year.

Annual Influenza Surveillance

Sentinel Provider Network. This network, which is supported by the CDC and facilitated by the Oregon State Public Health Division (OSPHD), consists of health care providers located throughout Oregon who voluntarily report on a weekly basis the total number of patients seen and the number of those patients with influenza-like illness (defined as fever $\geq 100.0^{\circ}$ F or 37.8° C plus cough or sore throat, in the absence of a known cause other than influenza). Results are tabulated and disseminated by email and Web site posting weekly.

Laboratory Surveillance. A network of contributing laboratories report viral culture results year-round. During the October-to-May influenza season, this information is tabulated and distributed weekly.

Kaiser Permanente Northwest Respiratory Illness. The Center for Health Research of Kaiser Permanente Northwest and the DHS Acute and Communicable Disease Prevention program (ACDP) collaborate to track hospital admissions and out-patient visits related to acute respiratory illness.

Kaiser Permanente Northwest provides health care for 340,000 Oregonians and another 130,000 people living in southwest Washington. Because health plan members avoid out-of-pocket expenses by seeking their health care at a Kaiser facility, rates of illness calculated from Kaiser records closely approximate population-based incidence. The Kaiser electronic medical record makes analysis of this data possible shortly after it is collected. Rates of illness are calculated using International Classification of Diseases, 9th Edition (ICD-9) codes 460-466 (upper respiratory infection) and 480-487 (pneumonia and influenza) for outpatient visits and codes 480-487 for hospitalization.

City of Portland Pneumonia and Influenza Mortality. The city of Portland, through the effort of Multnomah County vital records, reports deaths from “pneumonia and influenza” to the CDC weekly. In the current system there is a delay of at least 1 week in this reporting. ACDP monitors these reports via the CDC Web site.

Pediatric (<18 years) Influenza Hospitalization (Statewide). Laboratory-confirmed influenza hospitalization in those under 18 years old, statewide, is reported to ACDP as a project of the CDC-funded Emerging Infections Program.

Adult Influenza Hospitalization (Portland Metro Area). Laboratory-confirmed influenza hospitalization in those over 18 years old, in the Portland metropolitan area only (Clackamas, Multnomah and Washington counties) is reported to ACDP as a project of the CDC-funded Emerging Infections Program.

Novel Influenza Surveillance

ACDP tracks novel influenza as defined by current CDC case definitions (clinical and epidemiologic criteria) by providing laboratory testing for influenza H1, H3, H5, and H7 at the Oregon State Public Health Laboratory and by providing technical guidance on criteria for testing and infection control (see Tabs B-1 and B-2).

Avian Influenza Surveillance

ACDP, the Oregon Department of Agriculture and the Oregon Department of Fish and Wildlife partner to develop and update plans and protocols to track influenza in domestic and wild birds. A worker-protection plan has also been developed to ensure the safety of those involved in the surveillance or disposal of dead birds (see Functional Plan 10.3.1, Protection of Individuals Involved in AI Affected Flock Control).

Pandemic Alert (Phases 4-5)

Once human-to-human spread of a new strain of influenza is confirmed elsewhere, surveillance for its appearance in Oregon will intensify, and monitoring systems for the expected pandemic will be activated and tested. In anticipation of pandemic Phase 6, the existing death reporting system will be modified to enable provisional reporting of pneumonia and influenza deaths within 1 week of occurrence. In addition, new rules for reporting hospitalization for acute respiratory illness will be finalized and tested (see Tab B-5). During this period the Acute and Communicable Disease Prevention program will:

- Continue routine surveillance activities described for Phases 1-3.
- Update case definitions for suspect novel influenza based on CDC guidance (see Tabs B-1, B-2, and B-3).
- Intensify novel influenza surveillance among returning travelers and health-care workers in collaboration with CDC Global Migration and Quarantine, ports of entry, local health departments and clinicians.
- Finalize plans for changing influenza and respiratory illness reporting requirements.
- Expand pneumonia and influenza death reporting statewide:
 - Evaluate timeliness and specificity of death certificate data.
 - Evaluate methods for shortening delays in reporting.
 - Test systems for analyzing cause of death from death certificate.
 - Begin production of weekly pneumonia and influenza death report.
- Test statewide respiratory hospitalization reporting system:
 - Distribute new reporting rules to hospitals.
 - Test reporting using existing hospital information systems.
 - Test hospital reporting using state or local public health staff placed in facilities to enter data directly into the eSentinel Web-based reporting system.
- Test statewide hospital capacity monitoring system (HospCap) for monitoring staffed beds and critical supplies.

Pandemic (Phase 6)

During this phase surveillance will be focused on timely and accurate enumeration of severe illness and death from influenza.

- Finalize requirements for laboratory, hospital, and vital records reporting:
 - Laboratories will report confirmed novel influenza cases.
 - Hospitals will report presumptive and confirmed novel influenza admissions.
 - Vital records will report all deaths (any cause) and deaths caused by pneumonia and influenza.
- Optimize sentinel clinician reporting to the CDC.
- Monitor and share hospital capacity data.

Active Issues

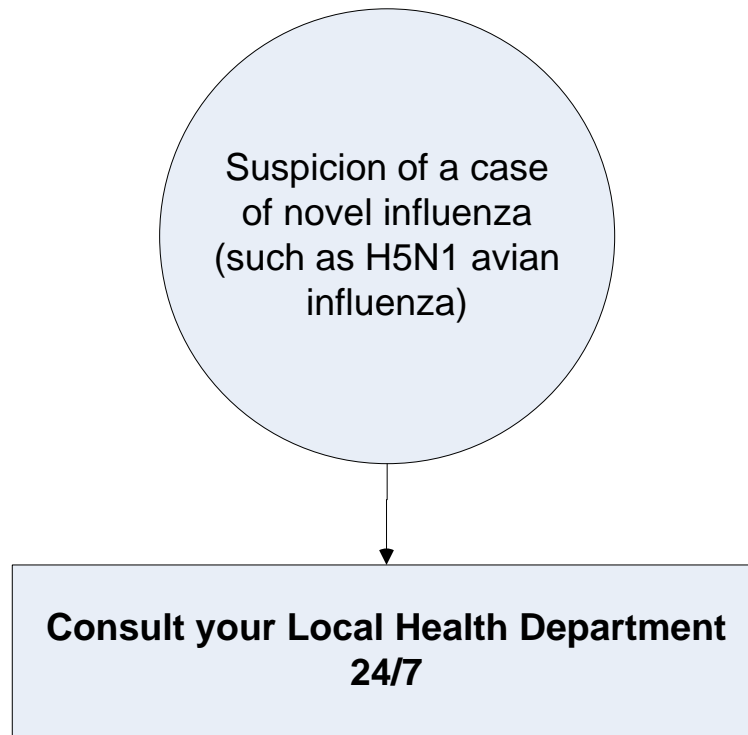
Issue	Recommendation	Timeline
Small sentinel provider system	Expand the number of participating providers to at least 30 by the 2006-07 influenza season	By October 2006
Delays in death reporting	Evaluate progress in implementation of electronic death registration system	Evaluate June 2006 and decide whether to pursue electronic or paper-based system for real-time death reporting
Hospital reporting of acute respiratory disease admissions	Develop case definitions. Identify pilot hospital or health system to test reporting. Expand pilot reporting focusing on state population centers and geographical diversity	Pilot reporting from one hospital system by the end of 2006, expand further in 2007
Determine role of Hospital Capacity Web site in surveillance	Evaluate Web site during exercises for pandemic influenza	November 2006

Tabs

Tab Number	Tab Title	Status	Anticipated Completion Date
B-1	Assessment of Suspect Novel Influenza Cases	Completed	
B-2	Investigative Guidelines for Novel Influenza	Completed	
B-3	Information on H5N1 Avian Influenza—CD Summary, 12/27/05	Completed	
B-4	Case Report Form for Novel Influenza	Completed	
B-5	Proposed Rule for Hospital Admission Reporting	Completed	
B-6	Sample Data Use Agreements For Hospitals	In process	

TAB B-1
ASSESSMENT OF SUSPECT NOVEL INFLUENZA
CASES

Assessment of Suspect Novel Influenza Cases For Physicians & Hospitals



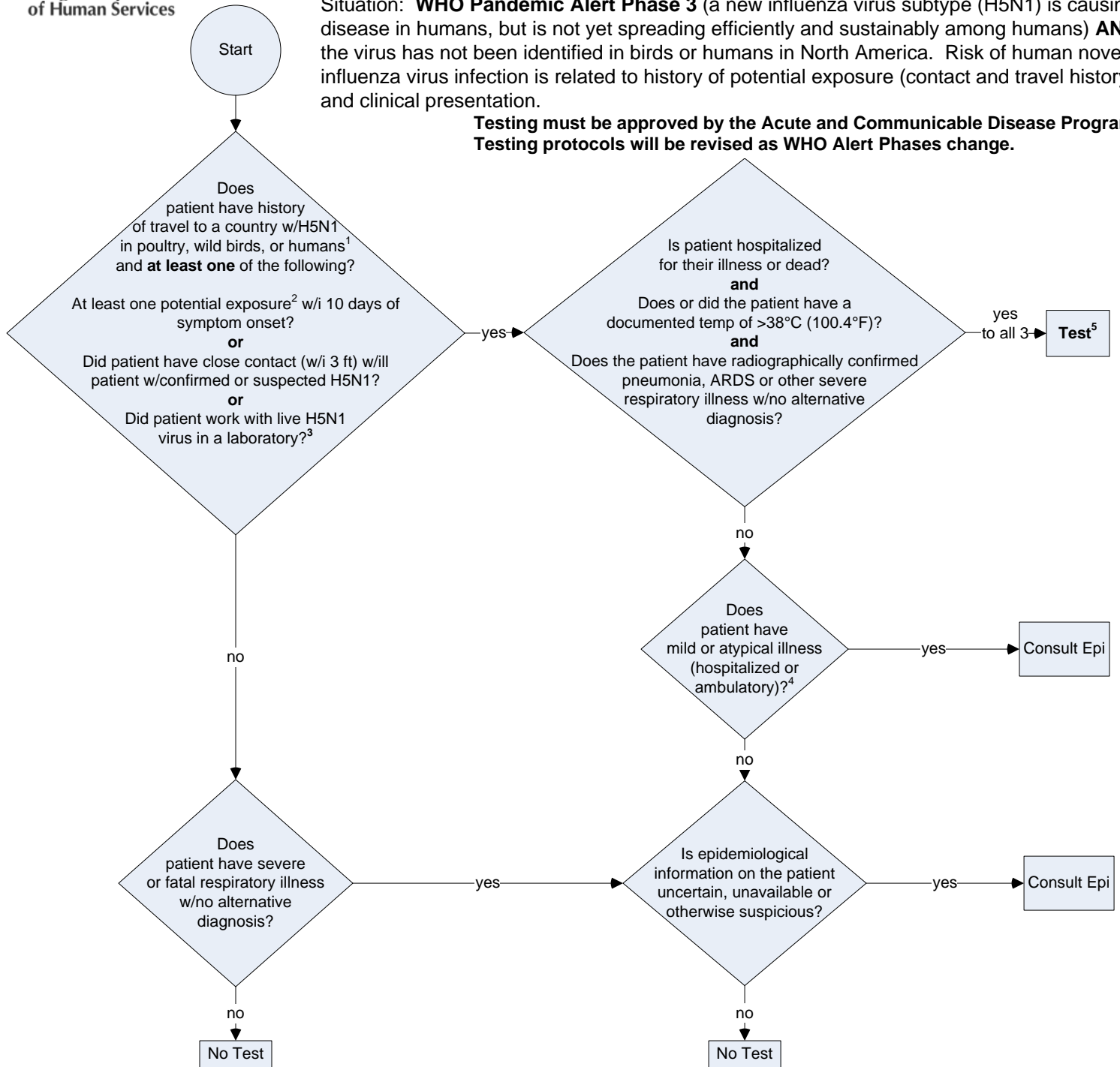
OREGON LOCAL HEALTH DEPARTMENTS

Baker	541/523-8211	Harney	541/573-2271	Morrow	541/676-5421
Benton	541/766-6835	Hood River	541/386-1115	Multnomah	503/988-3406
Clackamas	503/655-8430	Jackson	541/774-8209	Polk	503/623-8175
Clatsop	503/325-8500	Jefferson	541/475-4456	Sherman	541/506-2600
Columbia	503/397-4651	Josephine	541/474-5325	Tillamook	503/842-3900
Coos	541/756-2020	Klamath	541/882-8846	Umatilla	541/278-5432
Crook	541/447-5165	Lake	541/947-6045	Union	541/962-8801
Curry	541/247-3300	Lane	541/682-4013	Wallowa	541/426-4848
Deschutes	541/322-7400	Lincoln	541/265-4112	Wasco	541/506-2600
Douglas	541/440-3500	Linn	541/967-3888	Washington	503/846-8881
Gilliam	541/384-2061	Malheur	541/889-7279	Wheeler	541/763-2725
Grant	541/575-0429	Marion	503/588-5357	Yamhill	503/434-7525

OREGON STATE PUBLIC HEALTH DIVISION ASSESSMENT OF SUSPECTED CASES OF NOVEL INFLUENZA

Situation: **WHO Pandemic Alert Phase 3** (a new influenza virus subtype (H5N1) is causing disease in humans, but is not yet spreading efficiently and sustainably among humans) **AND** the virus has not been identified in birds or humans in North America. Risk of human novel influenza virus infection is related to history of potential exposure (contact and travel history) and clinical presentation.

**Testing must be approved by the Acute and Communicable Disease Program.
Testing protocols will be revised as WHO Alert Phases change.**



1 List of countries where poultry are currently affected with H5N1: http://www.oie.int/download/AVIAN%20INFLUENZA/A_AI-Asia.htm
Map of areas with both human and animal outbreaks of H5N1: http://europa.eu.int/comm/health/ph_threats/com/Influenza/ai_recent_en.htm

2 Examples of potential exposure would be: Direct contact sick/dead poultry; Direct contact w/surface contaminated w/poultry feces; Consumption of raw or undercooked poultry/product w/suspected or confirmed H5N1; Close contact (w/i 3 ft) of person hospitalized or died due to severe unexplained respiratory disease.

3 Other exposures that warrant testing include cases who are laboratory workers with potential exposure to influenza A (e.g., doing viral culture), cases with history of close contact with a proven or suspected case of H5N1.

4 For example, a patient with respiratory illness and fever who does not require hospitalization, or a patient with significant neurologic or gastrointestinal symptoms in the absence of respiratory disease.

5 Send specimens to Oregon State Public Health Laboratory (OSPHL) for RT-PCR testing. Contact OSPHL at 503-229-5682 for recommendations for sample collection and shipping.

TAB B-2
INVESTIGATIVE GUIDELINES FOR NOVEL
INFLUENZA

Investigative Guideline: Novel Influenza A such as H5N1

(Current as of July 2006, be sure to check for updates prior to using)

Novel Influenza A is defined as a subtype not circulating in humans as of 2006; this would include H2N2 which circulated from 1957-1968 and other subtypes not known to have widely infected humans in the past.

This guideline is intended to be used for investigation of suspected or proven cases of Novel Influenza that occur sporadically OR at the earliest stages of a human pandemic. Once a pandemic is widespread, individual case investigation will no longer be recommended.

1. DISEASE REPORTING

A. Purpose of Reporting and Surveillance

1. To prevent the spread of Novel Influenza.
2. To identify other cases of Novel Influenza.
3. To identify contacts of suspected Novel Influenza cases
4. To characterize the epidemiology of Novel Influenza.
5. To clarify the means of Novel Influenza transmission.

B. Laboratory and Physician Reporting Requirements.

All Oregon physicians, other healthcare providers, and laboratorians are required by law to report any Novel Influenza case immediately to their Local Health Department as an "Uncommon Illness of Potential Public Health Significance." More specific rules may be enacted as the WHO "phase" and United States "stage" of a pandemic evolve. Infection Control Practitioners and others may make initial reports on-line through eSentinel.

C. Local Health Department Reporting and Follow-up Responsibilities

1. Begin follow-up investigation within 24 hours. Document investigation using the Case Reporting Form appended to this document.
2. Notify the Acute and Communicable Disease epidemiologist on-call immediately after basic information is obtained (971 673-1111). The case will be assigned a report number to be used for all subsequent communication and specimen handling. Send a copy of the Case Report Form to Oregon Health Services (OHS) within 1 day of initial report.
3. Initiate special control procedures immediately (see controlling further spread). Ensure that possible cases are isolated whether at home or in health care settings.
4. Diagnostic Specimens: Ensure that appropriate acute specimens are obtained for Novel Influenza testing- See Appendix 1 for details. Specimens from multiple time points may be required to confirm the diagnosis of Novel Influenza because sensitivity of testing can not be known ahead of time.
5. Identify contacts of the case during the period of communicability.
6. Alert infection control practitioners, clinicians, and emergency rooms visited by the patient plus pertinent transportation and other officials related to sites visited by the patient during the period of communicability.

7. Alert clinicians, hospital emergency rooms, student infirmaries, and local officials of the potential for additional cases; encourage them to consider Novel Influenza in persons with fever >100.4°F (38°C), respiratory symptoms, and exposures similar to the patient under investigation.
8. If indicated, prepare and distribute a press release in conjunction with the Oregon State Public Health (OSPH) and hospital.

2. THE DISEASE AND ITS EPIDEMIOLOGY

A. Etiologic agent

Influenza A is a segmented single-stranded, enveloped, RNA virus.

B. Description of illness

Novel Influenza is expected to be an acute respiratory illness associated with fever. The initial presentation may be non-specific and some patients, such as children may have gastrointestinal or central nervous system illness. There are no laboratory or radiographic studies that clearly distinguish Novel Influenza from other respiratory tract pathogens. To date patients with H5N1 influenza have often had low absolute lymphocyte and platelet counts, but normal counts do not rule out the diagnosis.

C. Mode of Transmission

Novel Influenza is expected to be primarily spread through the droplet route but airborne and contact spread are possible, hence maximal barrier precautions are needed when caring for proven or suspect cases.

D. Period of communicability.

The details of Novel Influenza virus communicability can not be predicted ahead of time. In adults, annual influenza can be detected in respiratory tract specimens from 0.5-1 day before onset to typically one week later; in children and the immunocompromised, the period of shedding can be much longer.

E. Incubation period.

Annual influenza has an incubation period of 1-3 days (usually 2 days). The incubation period for a new strain might be the same or slightly longer.

F. Reservoir

The reservoir for the new strains of influenza seen in humans in the 20th century was birds either by direct or indirect introduction.

G. Treatment

Therapy for a novel strain of influenza would include supportive care, including mechanical ventilation as needed. Antiviral treatment with a neuraminidase inhibitor (oseltamivir or zanamivir), an adamantane (amantadine or rimantadine) or both should be considered although the efficacy is unknown.

3. CASE DEFINITIONS, DIAGNOSIS, AND LABORATORY SERVICES

A. Case Classification

Updated Case Definitions will be made available as the global, US, and regional situation requires. Testing criteria for novel influenza will serve as a suspect case definition.

B. Provisional Case Classification

Updated Case Definitions will be made available as the global, US, and regional situation requires. Testing criteria for novel influenza (below, 3C, will serve as a suspect case definition.

C. Current Suspect Case Definition and Laboratory Testing Criteria (updated 6/7/06)

Testing for avian influenza A (H5N1) virus infection is recommended for:

A patient who has an illness that:

- requires hospitalization or is fatal; AND
- has or had a documented temperature of $\geq 38^{\circ}\text{C}$ ($\geq 100.4^{\circ}\text{F}$); AND
- has radiographically confirmed pneumonia, acute respiratory distress syndrome (ARDS), or other severe respiratory illness for which an alternate diagnosis has not been established; AND
- has at least one of the following potential exposures within 10 days of symptom onset:

A) History of travel to a country with influenza H5N1 documented in poultry, wild birds, and/or humans, AND had at least one of the following potential exposures during travel:

- direct contact with (e.g., touching) sick or dead domestic poultry;
- direct contact with surfaces contaminated with poultry feces;
- consumption of raw or incompletely cooked poultry or poultry products;
- direct contact with sick or dead wild birds suspected or confirmed to have influenza H5N1;
- close contact (approach within 1 meter [approx. 3 feet]) of a person who was hospitalized or died due to a severe unexplained respiratory illness

B) Close contact (approach within 1 meter [approx. 3 feet]) of an ill patient who was confirmed or suspected to have H5N1;

C) Worked with live influenza H5N1 virus in a laboratory.

Testing for avian influenza A (H5N1) virus infection can be considered on a case-by-case basis, in consultation with local and state health departments, for:

A patient with mild or atypical disease (hospitalized or ambulatory) who has one of the exposures listed above (criteria A, B, or C); OR

A patient with severe or fatal respiratory disease whose epidemiological information is uncertain, unavailable, or otherwise suspicious but does not meet the criteria above (examples include: a returned traveler from an influenza H5N1-affected country whose exposures are unclear or suspicious, a person who had contact with sick or well-appearing poultry, etc.)

Complete text of this CDC recommendation is available at:

<http://www.phppo.cdc.gov/HAN/ArchiveSys/ViewMsgV.asp?AlertNum=00246>

Updated Case Definitions will be made available as the global, US, and regional situation requires.

D. Services available at the Oregon State Public Health Laboratory (OSPHL)

Reverse transcriptase polymerase chain reaction (RT-PCR) testing for Novel Influenza types H5 and H7 is available at the OSPHL. Attached to this document is the virology request form to accompany specimens; complete the patient and submitter information plus source and onset under the VIRUS ISOLATION section; “novel influenza by PCR” is already completed. Throat or nasal swabs or nasal washings in viral transport media sent on cold packs are preferred. Testing criteria are under constant evolution and will be updated as needed. Clinicians may contact OSPHL at 503 229-5882 for additional specific information on submitting specimens.

Culture is not performed at the OSPHL for safety reasons; specimens from patients at high risk for novel influenza should not be submitted for culture.

4. ROUTINE CASE INVESTIGATION

A. Identify the source of infection

1. Investigate potential exposures during the 10 days prior to onset and especially 4-7 days prior to onset of symptoms. Ask about:
 - Travel to country with known novel influenza cases in poultry or humans
 - Contact with such a traveler
 - Contact with domestic poultry or wild birds
 - Names, addresses, phone numbers and e-mail addresses of any household member, playmate, or other contact who is or was sick with similar symptoms;
 - Any indoor group activities attended, including air travel, churches, theaters, parties, sport events, family gatherings, and the like;
 - Any visit to a healthcare facility—including doctor’s office, clinic or hospital—find out exact times and dates;
 - Any employment in facility conducting laboratory research on novel influenza
 - Any health care employment.

B. Identify Potentially Exposed Persons

Contact tracing and monitoring will require substantial data-management resources. The information technology needs for timely surveillance and management of contacts of novel influenza cases are under discussion among CDC and partners in state and local health departments. OSPH will coordinate database management needs among local health departments and CDC.

Initiate identification of a patient's contacts as soon as possible after a diagnosis of novel influenza. Obtain information about the case and their contacts during the case's infectious period (1 day before onset until patient is placed in isolation) from the case, next of kin, workplace representative, or others with appropriate knowledge of the case-patient's recent whereabouts and activities.

Use the contact tracing form in the Novel Influenza case report form and discuss with Acute and Communicable Disease epidemiologist the need for daily follow-up of contacts; this will be decided case by case based on the most up to date information about human to human transmission.

C. Environmental Evaluation

For those with wild or domestic poultry exposure; discuss with OSPH epidemiology regarding environmental investigation.

5. CONTROLLING FURTHER SPREAD

No vaccine or immune globulin is available but antiviral agents may be used for prophylaxis. Prevention efforts should focus on both **isolation of suspected cases, and possibly quarantine and targeted antiviral prophylaxis of exposed individuals.** Infection Control procedures currently recommended by CDC are available at <http://www.cdc.gov/flu/avian/professional/infect-control.htm> and as part of the 2006 Oregon Pandemic Influenza Plan <http://oregon.gov/DHS/ph/acd/flu/ofpsupplement4.pdf>

The primary methods of minimizing further spread regardless of setting include

- Isolation of patients during the contagious period

- Use of personal protective equipment and hand hygiene by those caring for patient

 - For suspected novel influenza maximal precautions are recommended for hospitalized patients including gown, glove, N-95 or better mask, eye protection, and single, negative pressure room.

- Proper disposal of waste and soiled articles

- Monitoring of exposed individuals for development of fever or respiratory symptoms and possible voluntary quarantine

- Targeted antiviral prophylaxis of exposed individuals to be individualized on a case by case basis

6. MANAGING SPECIAL SITUATIONS

1. Isolation and Quarantine

In April 2005, Novel Influenza patients joined those with cholera, plague, tuberculosis, diphtheria, yellow fever, viral hemorrhagic fever, SARS and smallpox as Federally "quarantinable communicable diseases"

(<http://www.whitehouse.gov/news/releases/2005/04/20050401-6.html>). The complicated topic of quarantine at the federal level is addressed at the following CDC website. (<http://www.cdc.gov/ncidod/dq/lawsand.htm>). Federal authorities however

generally delegate such powers to State and Local Health Officials. The applicable Oregon Revised Statute is in Chapter 433 (<http://www.leg.state.or.us/ors/433.html>) and includes powers to quarantine individuals, detain conveyances, and designate quarantine hospitals.

2. Hospital preparedness and surge capacity

This topic is addressed in the document accessible at <http://www.cdc.gov/ncidod/NovelInfluenza/guidance/C/index.htm> The key activities described include the following priority activities:

- Organize a planning committee to develop an institutional preparedness and response plan and a clear decision-making structure.
- Develop surveillance, screening, and evaluation strategies for various levels of Novel Influenza transmission.
- Develop plans to rapidly implement effective infection control measures and contact-tracing procedures.
- Determine the current availability of infrastructure and resources to care for Novel Influenza patients and strategies for meeting increasing demands.
- Develop strategies to meet staffing needs for Novel Influenza patient care and management.
- Develop strategies to communicate with staff, patients, the health department, and the public.
- Develop strategies to educate staff and patients about Novel Influenza and Novel Influenza control measures.

http://www.oie.int/download/AVIAN%20INFLUENZA/A_AI-Asia.htm



VIROLOGY/IMMUNOLOGY REQUEST

Oregon State Public Health Laboratory
PO Box 275 - Portland, OR 97207-0275
Information: 503-229-5882

OSPHL Use Only - Please Do Not Write In Shaded Area

PATIENT INFORMATION

Patient Name (Last, First, MI) or Unique Identifier

County of Residence

Date of Collection

Female Male

Date of Birth

Patient ID Number

Health Plan Name

Medicaid Number

Social Security Number (If Medicaid eligible)

ICD-9 Code

Referring Physician's Medicaid Provider Number

SUBMITTER INFORMATION

Submitter Code

Return Results To: (Must provide complete address)

Authorized Ordering Individual (Physician/Clinician)

Submitter Phone Number

Extension

TESTS REQUESTED

HEPATITIS

- Hepatitis A Screen Only (Anti-HAV IgM)
- Hepatitis A Total Antibody (Anti-HAV Total)
- Acute Symptoms Present (Anti-HAV IgM, HBsAg, Anti-HBc)
- Carrier Status Assessment (HBsAg, Anti-HBc IgM)
- Hepatitis B Contact (HBsAg, Anti-HBc)
- Prevacine Screen (Anti-HBc)
- Postvacine Check (Anti-HBs)
- Infant of HBsAg+ Mother (HBsAg, Anti-HBs)
- Refugee/Immigrant Screen (HBsAg)
- Hepatitis C Antibody (screen only)
- Other (Specify) _____
- Additional Information _____

SYPHILIS

- Routine Screen
- Prenatal - Trimester 1 2 3
- Diagnosis
- Premarital - State _____
- Treatment Check
- FTA-ABS (DS)
- VDRL (Spinal Fluid)

RUBELLA IMMUNE STATUS

- Prenatal - Trimester 1 2 3
- Premarital - State _____

PRENATAL HEPATITIS SCREENING For Local Health Departments Only

Prenatal - Trimester 1 2 3
If PREVIOUSLY POSITIVE for HBsAg -
When? (MM/YY) _____
Other Tests Requested: Rubella Syphilis

MISCELLANEOUS SEROLOGIES

- SINGLE SPECIMEN
- ACUTE
- CONVALESCENT
- Brucellosis
- Hantavirus (with prior approval only)
- Leptospirosis
- Lyme Disease
- Mumps
- Parvovirus
- Polioviruses
- Rickettsial Battery (RMSF, Murine typhus, Q Fever)
- Rubella IgG (Immune Status)
- Rubeola
- Tularemia
- Varicella IgG (Immune Status)
- West Nile Virus (requires additional form)
- Other _____
- CDC Sendout for _____
(Requires Completed CDC form 50-34)

DATE OF ONSET

VIRUS ISOLATION

- Rule-Out Influenza Culture
- Virus Identification
- Virus Isolation _____

X Other Novel Influenza by PCR

Source _____ Date of Onset _____

Clinical Diagnosis _____ Specific Agent(s) Suspected _____

Comments:

Symptoms/Syndromes (check those applicable) Type of Specimen: (check one)

- | | |
|---|--|
| <input type="checkbox"/> Cardiovascular | <input type="checkbox"/> Cerebrospinal Fluid |
| <input type="checkbox"/> Central Nervous System | <input type="checkbox"/> Lesion Swab |
| <input type="checkbox"/> Congenital/Neonatal | <input type="checkbox"/> Stool |
| <input type="checkbox"/> Gastrointestinal | <input type="checkbox"/> Throat Washing/Swab |
| <input type="checkbox"/> Rash | <input type="checkbox"/> Tissue |
| <input type="checkbox"/> Respiratory | <input type="checkbox"/> Urine |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

NOROVIRUS

- Outbreak Associated EPI Outbreak # _____
- Not Outbreak Associated

COMMENTS:

TAB B-3
INFORMATION ON H5N1 AVIAN INFLUENZA—CD
SUMMARY, 12/27/05

AVIAN INFLUENZA: KNOW WHEN THE SKY IS FALLING

MEDIA AND scientific engrossment over flu in Phylum *Chordata*, Class *Aves* represents yet another diversion by this wily virus to distract the public from the havoc even now being wrought by more conventional strains. Each year in the U.S. alone, "routine" influenza kills an estimated 36,000 persons. Over the past two years, fewer than 200 humans worldwide are known to have become ill from a bird strain of influenza known as H5N1; how much should the other 6 billion of us on the planet worry about that strain? Will more cases occur? Will these human infections lead to the next pandemic? We won't tempt fate by guessing the answers; but we do know that Oregon clinicians have already encountered situations where they, or their patients, suspected illness from avian influenza (AI). Our recommendations for human H5 influenza testing follow a brief review and update.

INFLUENZA VIRUS: THE AVIAN CONNECTION

Inside its lipid membrane envelope, influenza A carries 8 separate RNA segments coding for at least 10 different proteins. Two immunogenic surface proteins, hemagglutinin (H) and neuraminidase (N), which function in viral attachment and release, respectively, are the basis of influenza A nomenclature (think H3N2, H1N1). Continuous mutation in both proteins prompts the yearly need and race to develop and distribute a new vaccine.

We know of 16 major subtypes of the H protein and 9 of the N; all are found in wild waterfowl, the natural reservoir for the virus. Genetic archeology now supports an avian source for the rare introduction of new H and N proteins into human

influenza (corresponding to the 3 pandemics of the 20th century).¹ However, only 3 of the H types and 2 of the N types have been routinely found in viruses isolated from humans, suggesting that there is a "species barrier," an hypothesis strongly supported by *in-vitro* data.

AVIAN INFLUENZA (AI), A NEW PROBLEM?

Strains of avian influenza (AI) can be classed as "high-pathogenicity" (HP) and "low-pathogenicity." Domestic poultry producers recognize outbreaks of low-pathogenicity AI when hens lay fewer eggs and broilers fail to fatten. These relatively common epizootics are rarely publicized. On the other hand, high-pathogenicity AI strains can kill entire flocks overnight: H5N1 briefly devastated poultry in Hong Kong in 1997 before the strain re-emerged in December 2003 in Asia. Poultry and wild birds in 19 countries have been afflicted in the current outbreak,² and over 100 million birds have died from disease or culling.³ Less publicized are at least 3 other major HPAI outbreaks in Europe and North America since 2003,³ which have not been associated with widespread serious human illness.

HUMAN INFECTION WITH H5N1 INFLUENZA

Documented human H5N1 infection first occurred in association with the 1997 Hong Kong outbreak (18 cases, 6 deaths).⁴ Similarly, coincident with the new poultry outbreak, astute clinicians in Vietnam recognized human H5N1 infection in late 2003 and have diagnosed the majority of cases since (Table)⁵; fewer cases have been recognized elsewhere, but under-diagnosis is suspected. Nearly all cases investigated had close contact with ill or dead poultry or poultry products;

in a few instances human-to-human transmission may have occurred.⁶ The median period from exposure to onset (when known) was 3 days. WHO reports a case fatality rate of over 50%,⁵ mostly from complications of ARDS.⁷⁻⁹

Confirmed Human H5N1, 2003-2005

Country	Cases	Deaths
Cambodia	4	4
China	5	2
Indonesia	13	8
Thailand	22	14
Vietnam	93	42
Total	137	70

TESTING HUMANS FOR H5N1 INFLUENZA

Although we think the chances of H5N1 influenza showing up in Oregon at this point are small, we do want to spot it if it comes. We ask that you test persons with acute respiratory illness (as defined in Box, *verso*) if within the 10 days before illness onset they had been in H5N1-affected areas.² If you suspect H5N1 infection, institute infection control measures, and then contact the patient's local health department to facilitate specimen handling. At a minimum, control measures should include¹⁰

- Mask for the patient if possible;
- Mask and eye protection for caregivers;
- Private room, negative pressure if available;
- Hand hygiene before and after patient contact;
- Gown and gloves if contact with secretions is likely.

Should a patient call and volunteer concern about H5N1, attempt to interview by phone, assess the risk, and direct to the best facility for evaluation.

WHO PERFORMS THE TEST?

The Oregon State Public Health Lab performs a rapid, highly sensitive reverse transcriptase polymerase chain reaction (RT-PCR) test for H5 influenza. Local and state health officials are ready



If you need this material in an alternate format, call us at 971/673-1111.

If you would prefer to have your CD Summary delivered by e-mail, zap your request to cd.summary@state.or.us. Please include your full name and mailing address (not just your e-mail address), so that we can effectively purge you from our print mailing list, thus saving trees, taxpayer dollars, postal worker injuries, etc.

to discuss cases meeting our suspect definition (and any others that come close). Nasopharyngeal or throat specimens (swabs or aspirates) transported with cold packs are preferred. Since viral culture is slower, less sensitive, and potentially more dangerous for lab workers, we prefer the RT-PCR method; a positive test would prompt additional testing by CDC.

RISK FOR TRAVELERS

So far, H5N1 influenza appears to be transmitted inefficiently from bird to human and even less well from human to human. Of concern, however, are the small number of cases with no bird contact and family clusters in which human-to-human transmission may have occurred.

Nonetheless, the risk for travelers seems very low. For up-to-date travel advice, check the CDC and WHO web sites.^{11,12}

Advise potential travelers to update the usual vaccinations—including the annual flu shot; to avoid direct contact with any bird that isn't

cooked (and cooked thoroughly); to practice careful handwashing; to eat poultry or poultry products (like eggs) only if they're—you guessed it!—thoroughly cooked; and to seek medical attention if respiratory illness develops overseas or within 10 days of returning home. Patients may request antiviral prophylaxis before departure, but it is expensive and its value for H5N1 prevention is unknown.

THE MANIFEST THREAT IN OREGON

As this issue goes to press, flu activity, nearly all type A, is climbing rapidly in Oregon. Nationally, the circulating strains appear well matched by this year's vaccine. The peak of this influenza season is likely to be several weeks away, so continue to vaccinate your patients as supply allows. See <http://oregon.gov/DHS/ph/acd/flu/influenza.shtml> for information and updates.

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[Asia.htm](http://www.oie.int/download/AVIAN%20INFLUENZA/A_AI-Asia.htm). Accessed December 17, 2005.

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Suspect H5N1 Influenza Case Definitions

1. Hospitalized patient with pneumonia, acute respiratory distress syndrome (ARDS), or other severe respiratory illness for which an alternative diagnosis has not been established;
and
History of travel within 10 days of symptom onset to a country with H5N1 infections in poultry or humans.
2. Patient with a milder respiratory illness with documented temperature of >100.4°F (>38°C) **plus:** cough, sore throat or shortness of breath;
and
History of close contact with poultry (e.g., visited a poultry farm, a household raising poultry, or live bird market) in an H5N1-affected country, or with a known or suspected human cases of H5N1 infection within 10 days before symptom onset.

A list of countries where poultry are currently affected can be obtained from:
http://www.oie.int/download/AVIAN%20INFLUENZA/A_AI-Asia.htm

TAB B-4

CASE REPORT FORM FOR NOVEL INFLUENZA

Novel Influenza A such as H5N1

COUNTY

FOR STATE USE ONLY

#

___/___/___ case report confirmed
 presumptive
 ___/___/___ interstate suspect

CASE IDENTIFICATION

Name Phone(s)
LAST, first, initials (a.k.a.) indicate home (H); work (W); message (M)

Address
Street City Zip

e-mail address

ALTERNATIVE CONTACT: Parent Spouse Household Member Friend

Name Phone(s)
indicate home (H); work (W); message (M)

Address
Street City Zip

SOURCES OF REPORT (check all that apply)

Lab Infection Control Practitioner
 Physician

Name

Phone Date ___/___/___
(first report)

Primary M.D.
(if different)

Phone OK to talk to patient?

DEMOGRAPHICS

SEX
 female male

HISPANIC yes no unknown

RACE
 White American Indian
 Black Asian/Pacific Islander
 unknown refused to answer
 other

DATE OF BIRTH ___/___/___
m d y

or, if unknown, AGE

Worksites/school/day care center

Occupations/grade

EPIDEMIOLOGICAL RISK FACTORS

Is the patient part of a health care worker cluster of severe unexplained respiratory illness? yes no unk

Is the patient a laboratory or health care worker with potential exposure to avian influenza (H5N1)? yes no unk

In the 10 days prior to symptom onset:

Did the patient travel to an area with documented avian influenza (H5N1) in birds or humans? yes no unk

(see: http://www.oie.int/downld/AVIAN%20INFLUENZA/A_AI-Asia.htm for outbreaks in poultry,
 and: <http://www.who.int/csr/disease/avian-influenza/en/index.html> for information on human cases)

TRAVELERS

If yes,

1. Complete travel history on page 5 of this form. yes no unk

2. Did the patient have close contact (within 1 meter) with alive or dead domestic poultry (e.g., visited a poultry farm, a household raising poultry or a live bird market) or wild birds? yes no unk

3. Did the patient touch any raw, butchered poultry? yes no unk

4. Did the patient visit, travel with or stay in the same household with anyone with severe respiratory illness or severe flu-like illness? yes no unk

NONTRAVELERS

For patients who **did not** travel outside the U.S.:

1. In the 10 days prior to illness onset, did the patient visit or stay in the same household with a traveler returning from a country with H5N1 in poultry or humans who developed severe respiratory illness or severe flu like illness? yes no unk

If yes, CDC ID State ID

2. Did the patient have close contact (3 feet) with anyone with severe respiratory or flu-like illness?

If yes, provide information on contact:

Name Address Phone number

CDC ID State ID

CLINICAL DETAILS

Date of symptom onset: ____/____/____
m d y

Did the person have a fever (subjective or objective)? yes no unk

If yes, Date of fever onset: ____/____/____
m d y

Was temperature >38° C (100.4° F)? Yes No Unk

Highest measured temperature _____

Influenza associated symptoms:

- | | | | | |
|-----------------------------------|--|---|--|---|
| <input type="checkbox"/> Chills | <input type="checkbox"/> Sore throat | <input type="checkbox"/> Wheezing | <input type="checkbox"/> Nausea/vomiting | <input type="checkbox"/> Lethargy |
| <input type="checkbox"/> Rigors | <input type="checkbox"/> Runny nose/congestion | <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Altered mental status |
| <input type="checkbox"/> Myalgias | <input type="checkbox"/> Conjunctivitis | <input type="checkbox"/> Cough productive of sputum | <input type="checkbox"/> Abdominal pain | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Cough | <input type="checkbox"/> Ear pain/otitis | <input type="checkbox"/> Apnea | |

Complications:

- | | | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|--|---|
| <input type="checkbox"/> Chest pain | <input type="checkbox"/> Encephalitis | <input type="checkbox"/> Myocarditis | <input type="checkbox"/> Sepsis | <input type="checkbox"/> Reye Syndrome |
| <input type="checkbox"/> Diaphoresis | <input type="checkbox"/> Meningitis | <input type="checkbox"/> Seizures | <input type="checkbox"/> Renal failure | <input type="checkbox"/> 2° bacterial pneumonia |
| | | | | <input type="checkbox"/> Other specify _____ |

Have antiviral medication been administered: Yes No Unk

If yes, specify: Amantadine Rimantadine Oseltamivir Zanamavir

Date : ____/____/____
m d y

Received flu vaccine for current season? Yes No Unk

Date : ____/____/____
m d y

Was patient hospitalized during course? Yes No Unk

If yes: Name of Hospital: _____
 City: _____ State: _____
 Unit: _____ Floor: _____ Room: _____
 Medical Record #: _____
 Date of Hospitalization: ____/____/____
m d y
 Date of Discharge: ____/____/____
m d y

Was patient transferred to or from another facility? Yes No Unknown

If yes, facility name: _____

If yes, date of transfer: ____/____/____
m d y

Was patient ever admitted to the intensive care unit (ICU)? Yes No Unk

Did patient die as a result of this illness? Yes No Unk

Date of death: ____/____/____
m d y

Was an autopsy performed? Yes No Unk

Was pathology consistent with pneumonia or ARDS? Yes No Unk

Date of first clinical evaluation for this illness: ____/____/____
m d y

If hospitalized, highest measures within 48 hours of hospitalization: Platelet count _____ Liver function: AST _____ ALT _____

White blood cell count _____
 differential: _____%segs _____%lymphs _____%monos _____%baso _____%atyp lymph

If hospitalized, lowest measures within 48 hours of hospitalization: Platelet count _____ Liver function: AST _____ ALT _____

White blood cell count _____
 differential: _____%segs _____%lymphs _____%monos _____%baso _____%atyp lymph

If not hospitalized, highest measures within 48 hours of hospitalization: Platelet count _____ Liver function: AST _____ ALT _____

White blood cell count _____
 differential: _____%segs _____%lymphs _____%monos _____%baso _____%atyp lymph

If not hospitalized, lowest measures within 48 hours of hospitalization: Platelet count _____ Liver function: AST _____ ALT _____

White blood cell count _____
 differential: _____%segs _____%lymphs _____%monos _____%baso _____%atyp lymph

Was a chest X-ray or CAT scan performed? Yes No Unknown If yes, date: ____/____/____
m d y

If yes, Did the patient have radiographic evidence of pneumonia or acute respiratory distress syndrome (ARDS)? Yes No Unknown

Comments & interpretation:

Laboratory Evaluation

List all clinical specimens submitted for laboratory evaluation

<p>Specimen 1 Lab name _____ Collection Date: ___/___/___ <small>m d y</small></p> <p><input type="checkbox"/> Clinical material <input type="checkbox"/> Extracted RNA <input type="checkbox"/> Virus isolate</p> <p>Source</p> <p><input type="checkbox"/> serum (acute) <input type="checkbox"/> serum (convalescent) <input type="checkbox"/> NP swab <input type="checkbox"/> NP aspirate <input type="checkbox"/> BAL <input type="checkbox"/> OP swab <input type="checkbox"/> tracheal aspirate <input type="checkbox"/> tissue <input type="checkbox"/> other _____</p> <p>Test Type:</p> <p><input type="checkbox"/> Viral culture <input type="checkbox"/> Direct fluorescent antibody (DFA) <input type="checkbox"/> RT-PCR <input type="checkbox"/> Rapid antigen test* *Name of rapid antigen test: _____</p> <p><input type="checkbox"/> other _____</p> <p>Sent to OSPHL? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Sent to CDC? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Carrier: Tracking #:</p>	<p>Specimen 2 Lab name _____ Collection Date: ___/___/___ <small>m d y</small></p> <p><input type="checkbox"/> Clinical material <input type="checkbox"/> Extracted RNA <input type="checkbox"/> Virus isolate</p> <p>Source</p> <p><input type="checkbox"/> serum (acute) <input type="checkbox"/> serum (convalescent) <input type="checkbox"/> NP swab <input type="checkbox"/> NP aspirate <input type="checkbox"/> BAL <input type="checkbox"/> OP swab <input type="checkbox"/> tracheal aspirate <input type="checkbox"/> tissue <input type="checkbox"/> other _____</p> <p>Test Type:</p> <p><input type="checkbox"/> Viral culture <input type="checkbox"/> Direct fluorescent antibody (DFA) <input type="checkbox"/> RT-PCR <input type="checkbox"/> Rapid antigen test* *Name of rapid antigen test: _____</p> <p><input type="checkbox"/> other _____</p> <p>Sent to OSPHL? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Sent to CDC? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Carrier: Tracking #:</p>	<p>Specimen 3 Lab name _____ Collection Date: ___/___/___ <small>m d y</small></p> <p><input type="checkbox"/> Clinical material <input type="checkbox"/> Extracted RNA <input type="checkbox"/> Virus isolate</p> <p>Source</p> <p><input type="checkbox"/> serum (acute) <input type="checkbox"/> serum (convalescent) <input type="checkbox"/> NP swab <input type="checkbox"/> NP aspirate <input type="checkbox"/> BAL <input type="checkbox"/> OP swab <input type="checkbox"/> tracheal aspirate <input type="checkbox"/> tissue <input type="checkbox"/> other _____</p> <p>Test Type:</p> <p><input type="checkbox"/> Viral culture <input type="checkbox"/> Direct fluorescent antibody (DFA) <input type="checkbox"/> RT-PCR <input type="checkbox"/> Rapid antigen test* *Name of rapid antigen test: _____</p> <p><input type="checkbox"/> other _____</p> <p>Sent to OSPHL? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Sent to CDC? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Carrier: Tracking #:</p>	<p>Specimen 4 Lab name _____ Collection Date: ___/___/___ <small>m d y</small></p> <p><input type="checkbox"/> Clinical material <input type="checkbox"/> Extracted RNA <input type="checkbox"/> Virus isolate</p> <p>Source</p> <p><input type="checkbox"/> serum (acute) <input type="checkbox"/> serum (convalescent) <input type="checkbox"/> NP swab <input type="checkbox"/> NP aspirate <input type="checkbox"/> BAL <input type="checkbox"/> OP swab <input type="checkbox"/> tracheal aspirate <input type="checkbox"/> tissue <input type="checkbox"/> other _____</p> <p>Test Type:</p> <p><input type="checkbox"/> Viral culture <input type="checkbox"/> Direct fluorescent antibody (DFA) <input type="checkbox"/> RT-PCR <input type="checkbox"/> Rapid antigen test* *Name of rapid antigen test: _____</p> <p><input type="checkbox"/> other _____</p> <p>Sent to OSPHL? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Sent to CDC? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Carrier: Tracking #:</p>
--	--	--	--

Alternate Diagnosis

Was an alternative respiratory pathogen detected from this patient? Yes No Unknown

If yes, indicate which pathogen(s): _____ (e.g., influenza A/B, RSV, rhinovirus, adenovirus, human parainfluenza virus, human metapneumovirus, *Streptococcus pneumoniae*, *Haemophilus influenzae*, *Mycoplasma pneumoniae*, *Chlamydia pneumoniae*, *Legionella* sp.)

Call **971-673-1111**

for guidance on handling and submission of specimens to the
Oregon State Public Health Laboratory

PATIENT'S NAME >

CASE NOTES

ALTERNATE DIAGNOSIS

Was an alternative respiratory pathogen detected from this patient? Yes No Unknown

If yes, indicate which pathogen(s): _____(e.g., influenza A/B, RSV, rhinovirus, adenovirus, human parainfluenza virus, human metapneumovirus, *Streptococcus pneumoniae*, *Haemophilus influenzae*, *Mycoplasma pneumoniae*, *Chlamydia pneumoniae*, *Legionella* sp.)

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Travel History and Details

List all legs of recent foreign and domestic travel, including destination(s). List all travel by public conveyance (airplane, train, or others).
Include all travel in 10 days prior to symptom onset, and until placed in isolation.

Trip or portion (1)				Transport type: <input type="checkbox"/> Airline <input type="checkbox"/> Train <input type="checkbox"/> Bus <input type="checkbox"/> Cruise <input type="checkbox"/> Auto <input type="checkbox"/> Tour Group <input type="checkbox"/> Other
Departure date: ____/____/____ <small>m d y</small>	Departure city:	Arrival date: ____/____/____ <small>m d y</small>	Arrival city:	
Transport company:		Transport no:		
Comments:				

Trip or portion (2)				Transport type: <input type="checkbox"/> Airline <input type="checkbox"/> Train <input type="checkbox"/> Bus <input type="checkbox"/> Cruise <input type="checkbox"/> Auto <input type="checkbox"/> Tour Group <input type="checkbox"/> Other
Departure date: ____/____/____ <small>m d y</small>	Departure city:	Arrival date: ____/____/____ <small>m d y</small>	Arrival city:	
Transport company:		Transport no:		
Comments:				

Trip or portion (3)				Transport type: <input type="checkbox"/> Airline <input type="checkbox"/> Train <input type="checkbox"/> Bus <input type="checkbox"/> Cruise <input type="checkbox"/> Auto <input type="checkbox"/> Tour Group <input type="checkbox"/> Other
Departure date: ____/____/____ <small>m d y</small>	Departure city:	Arrival date: ____/____/____ <small>m d y</small>	Arrival city:	
Transport company:		Transport no:		
Comments:				

Trip or portion (4)				Transport type: <input type="checkbox"/> Airline <input type="checkbox"/> Train <input type="checkbox"/> Bus <input type="checkbox"/> Cruise <input type="checkbox"/> Auto <input type="checkbox"/> Tour Group <input type="checkbox"/> Other
Departure date: ____/____/____ <small>m d y</small>	Departure city:	Arrival date: ____/____/____ <small>m d y</small>	Arrival city:	
Transport company:		Transport no:		
Comments:				

Trip or portion (5)				Transport type: <input type="checkbox"/> Airline <input type="checkbox"/> Train <input type="checkbox"/> Bus <input type="checkbox"/> Cruise <input type="checkbox"/> Auto <input type="checkbox"/> Tour Group <input type="checkbox"/> Other
Departure date: ____/____/____ <small>m d y</small>	Departure city:	Arrival date: ____/____/____ <small>m d y</small>	Arrival city:	
Transport company:		Transport no:		
Comments:				

Notes

PLEASE FAX FORMS TO: 971-673-1100
OREGON STATE PUBLIC HEALTH ACUTE & COMMUNICABLE DISEASE

CASE-CONTACT MANAGEMENT AND FOLLOW UP

Identify people who had close contact (within 3 feet) with the case for the 24-hour period prior to symptom onset, or until case was placed in isolation.

name	age	relation to case	address	telephone number	dates of contact with case
_____	_____	_____	_____	_____	___/___/___ to ___/___/___
_____	_____	_____	_____	_____	___/___/___ to ___/___/___
_____	_____	_____	_____	_____	___/___/___ to ___/___/___
_____	_____	_____	_____	_____	___/___/___ to ___/___/___
_____	_____	_____	_____	_____	___/___/___ to ___/___/___
_____	_____	_____	_____	_____	___/___/___ to ___/___/___
_____	_____	_____	_____	_____	___/___/___ to ___/___/___
_____	_____	_____	_____	_____	___/___/___ to ___/___/___
_____	_____	_____	_____	_____	___/___/___ to ___/___/___
_____	_____	_____	_____	_____	___/___/___ to ___/___/___
_____	_____	_____	_____	_____	___/___/___ to ___/___/___
_____	_____	_____	_____	_____	___/___/___ to ___/___/___
_____	_____	_____	_____	_____	___/___/___ to ___/___/___
_____	_____	_____	_____	_____	___/___/___ to ___/___/___
_____	_____	_____	_____	_____	___/___/___ to ___/___/___
_____	_____	_____	_____	_____	___/___/___ to ___/___/___
_____	_____	_____	_____	_____	___/___/___ to ___/___/___

Comments

TAB B-5
PROPOSED RULE FOR HOSPITAL ADMISSION
REPORTING

Proposed rule for hospital admission reporting

(The following rule would be used during WHO Pandemic Phase 5 or Governor declared emergency for pandemic influenza in Oregon)

Hospitals will report unscheduled admissions for pneumonia, influenza, and other unexplained acute respiratory illness to state and local health authorities daily. The following data will be required in a “line-list” format

- Date of Admission
- Date of Birth
- Gender
- Admission Diagnosis
- Residence Zipcode

No personal identifiers will be requested and electronic submission of de-identified Admit-Discharge-Transfer (ADT) data is encouraged.

Attachment C: Laboratory Diagnostics

Laboratory testing will identify the arrival of a novel strain of influenza in Oregon. The Oregon State Public Health Laboratory (OSPHL) will obtain test reagents from the Centers for Disease Control and Prevention (CDC) as available, to detect new strains of influenza. The largest volume of and greatest urgency for testing will likely occur just before and immediately after the arrival of a new strain. If a new influenza strain becomes widespread, OSPHL focus may shift to monitoring for antigenic drift and detection of antiviral resistance mutations.

Assumptions

- RT-PCR (reverse transcriptase polymerase chain reaction) testing will be the primary method for detecting a new strain of influenza.
- Using real-time RT-PCR methods, a maximum of 200-250 specimens per day, 5 days per week for 4 weeks, can be analyzed. Subsequent capacity will depend upon reagent availability.
- RT-PCR testing capacity can be maintained even if up to 50% of the trained staff is incapacitated.

Objectives

- Detect new strains of influenza in Oregon patients.
- Rapidly communicate influenza testing results to requesting clinicians, especially during pandemic Phases 3-5. (During Phase 6 lab priorities will be reassessed.)
- Rapidly communicate results to local, state and federal health officials.
- Request and validate new assays as available from the CDC.
- Assure on-going participation in the WHO/CDC laboratory network

Authorities

Oregon Revised Statute	Title
431.310	Bacteriological and other examinations and newborn screening by state laboratory; rules; fees
433.012	Department to provide laboratory examination

Summary of Activities by Pandemic Period

This section describes laboratory activities during each pandemic phase (see section 1.2, *World Health Organization Pandemic Phases*).

Interpandemic/Early Pandemic Alert (Phases 1-3)

- Perform seasonal influenza laboratory surveillance by viral culture; submit a subset of isolates for antigenic characterization to the CDC.
- Obtain reagents and validate influenza RT-PCR testing for novel strains.
- Develop plans for laboratory personnel, equipment and reagent surge capacity.
- Develop novel influenza testing criteria and communication plans in collaboration with the state Acute and Communicable Disease Prevention program (ACDP) including:
 - Case definition for patients needing testing (see Attachment B, Tab B-1).
 - Standard operating procedures for on-call epidemiologists.
 - CD Summary newsletter to clinicians explaining testing availability (see Attachment B, Tab B-3).
 - Media plan for reporting positive results.

Pandemic Alert (Phases 4-5)

- Implement plans to confirm positive tests for novel influenza from other labs.
- Finalize and test plans for personnel, equipment and reagent surge capacity.
- Educate staff on up-to-date safety, personal protective equipment, and vaccine recommendations.
- Develop respiratory illness surveillance plan for staff who handle specimens.
- Designate essential pandemic response laboratory workers for antiviral and vaccine priority groups.
- Revise novel influenza testing criteria and communication in collaboration with ACDP including:
 - Case definition for patients needing testing.
 - Standard operating procedures for on-call epidemiologists.
 - CD Summary to clinicians explaining testing availability.
 - Media plan for reporting positive results.

Pandemic (Phase 6)

- Continue RT-PCR testing; anticipate maximum volume.
- Forward specimens to the CDC as requested.
- Collaborate with the ACDP and the CDC on changing lab focus from detection to other needs such as:
 - Detecting antigenic drift.
 - Detecting antiviral resistance mutations.
 - Monitoring vaccine effectiveness.
 - Validating testing done in other laboratories.

Active Issues

Issue	Recommendation	Timeline
Additional automated extraction equipment is needed	Identify funding, estimated cost \$156,000	End of 2006
Funding and feasibility of reagent stockpiling	Identify funding to stock enough reagents for 4000 tests, estimated cost \$160,000	End of 2006
Exercise of lab capacity and epidemiology for pandemic flu testing	Hold an exercise on lab capacity and communication with epidemiology section	Before November 2006 full scale exercise

Attachment D: Hospital Health Care Planning

Guidance on hospital planning is provided in the federal *HHS Pandemic Influenza Plan, Supplement 3, Healthcare Planning*. Attachment D is under active development and will focus on areas in which the Oregon State Public Health Division (OSPHD) will directly interact with and support hospitals and health care systems.

Topics include:

- Hospital surge capacity and altered standards of care.
- Alternative sites of hospital care.
- Mortuary surge capacity
- Hospital-based surveillance for acute respiratory illness.
- Oregon State Public Health Laboratory support for influenza testing.
- Distribution of vaccine and antiviral drugs to hospitals.
- Process for hospitals to make resource requests during an emergency.
- Training of clinical and non-clinical hospital staff around pandemic influenza.
- Coordination of communication.

Attachment E: Vaccine Distribution and Use

Vaccination is a fundamental influenza prevention strategy during routine influenza seasons. The federal government is supporting the development of human vaccines against novel influenza subtypes, such as H5N1, and the development of methods that would speed the availability of vaccine in a pandemic, but neither effort is complete. If a pandemic occurs prior to the adoption of new production techniques, vaccine for a novel virus is unlikely to be available for at least 6 months after the virus strain is identified, and even then the amount of supplies on hand will be less than needed to meet demand. These limitations will create a vaccine shortage. Procedures for responding to such a shortage are outlined in the *Public Health Vaccine Shortage Response Plan*. Presented in this attachment is a brief summary of key assumptions, objectives and active issues from that plan.

Assumptions

- Vaccine for a pandemic influenza strain will not be available until at least WHO pandemic Phase 6; widespread availability may not occur until many months after the onset of a pandemic.
- U.S.-based vaccine production capacity of current influenza vaccine is 3 to 5 million 15µg doses per week; Oregon receives 1.3% of that amount. We assume that a pandemic flu vaccine could be made at a comparable rate.
- At this production capacity, Oregon will receive about 50,000 doses per week; thus, vaccination of the entire Oregon population would require approximately 19 months.
- Oregon Department of Human Services (DHS) maintains a vaccine depot that can be used to store and distribute vaccine during a public health emergency.
- During an emergency, DHS would receive all the vaccine available to Oregon. It would not be sent through the traditional private and nonprofit sectors.
- Legislation prohibits the sharing of individual-level ALERT adult immunization registry data except in the case of a catastrophic public health threat.
- Public providers submit vaccine adverse events reports (VAERS) to DHS.
- Private providers do not currently submit VAERS reports to DHS and may need training if private providers receive pandemic vaccine and if reports are required during a pandemic.
- The federal government may stockpile vaccine for influenza strains with pandemic potential.
- The CDC developed vaccine priority group recommendations (the federal *HHS Pandemic Influenza Plan, Supplement 6, Vaccine Distribution and Use*); these recommendations may change over time.

Objectives

- Ensure equitable, effective and timely distribution of vaccine.
- Estimate the number of Oregonians, by county, within each CDC priority group.
- Assist counties with the brokering of vaccine.
- Track vaccine adverse event reports.

Active Issues

Issue	Recommendation	Timeline
The ALERT Immunization Registry has the capability but not the legislative authority to share individual-level adult immunization data.	Feasibility study to be completed and legislation proposed for using the ALERT registry to track adult vaccinations.	2007 Oregon legislative session
Vaccine Prioritization Process	Use national recommendations and local epidemiology to develop Oregon recommendations through a decision-making process with advisory groups that represent local, state and other stakeholder interests.	On-going

Attachment F: Antiviral Drug Distribution and Use

An effective vaccine is not expected to be available at the onset of an influenza pandemic, making treatment or prophylaxis with antiviral agents a potentially important strategy to decrease complications and possibly limit transmission to close contacts.

There are four FDA-approved influenza antiviral agents:

- Amantadine and rimantadine are similar drugs in the class known as “Adamantanes.” As of March 2006, these agents are not in use because of widespread resistance. Their value in a future pandemic is uncertain.
- Oral oseltamivir (Tamiflu[®]) and inhaled zanamivir (Relenza[®]) are known as “Neuraminidase inhibitors” (see the federal *HHS Pandemic Influenza Plan*, Supplements S7, S17, and S18 for descriptions and dosage schedules). As of March 2006 the influenza antiviral component of the U.S. Strategic National Stockpile (SNS) consists primarily of oseltamivir with a small fraction of zanamivir on order. Oseltamivir has proven, but modest, value in decreasing antibiotic use and hospitalization following influenza infection; it has the greatest impact if given within 1-2 days of illness onset. The value of neuraminidase inhibitors in the setting of a pandemic with a new strain of influenza is also unknown.

Prophylaxis versus Treatment

Influenza antivirals can be used for prophylaxis or treatment:

- *Prophylaxis* uses an influenza antiviral drug to prevent infection in a susceptible individual. The drug must be given for the entire duration of possible exposure.
- *Treatment* with influenza antiviral drugs is used to both shorten the duration and limit complications of an established infection. Treatment is most effective if started within the first 48 hours of illness.

The proposed U.S. strategy for antiviral agents in a pandemic emphasizes *treatment* over *prophylaxis*; this makes the most efficient use of the existing national stockpile of oseltamivir.

Priority Groups

Two expert committees convened by the U.S. Department of Health and Human Services (HHS) developed a list, size and definitions of priority groups to guide distribution of oseltamivir during a pandemic. Table F-1 is based on the 11 antiviral priority groups described in Appendix D of the federal *HHS Pandemic Influenza Plan*. The plan made several assumptions about how many people in each priority group would become ill (35%) and how many of these would present for treatment within 48 hours (75%). Table F-1 follows those assumptions in calculating the number of courses required to treat the priority groups in Oregon (see Tab F-1 for the Oregon calculations). The federal SNS currently contains enough oseltamivir to provide treatment for the top 3 priority groups.

In March 2006, HHS announced substantial additional purchases of influenza antivirals for the SNS which will extend expected treatment to other priority groups, but the delivery date is unknown.

Table F-1: Estimated size of Influenza Antiviral Priority Groups in Oregon

	Priority Group (treatment or prophylaxis)	Oseltamivir courses required	Cumulative courses required
1	Hospitalized patients (treatment)	8,400	8,400*
2	Ill health care workers with direct patient care (treatment)	31,200	39,600*
3	Highest risk outpatients (treatment)	9100	48,700*
4	Pandemic responders (treatment)	11,700	60,400*
5	Increased risk outpatients (treatment)	291,200	351,600
6	Outbreak response, post-exposure (prophylaxis)	26,000	377,600
7	Select health care workers (prophylaxis)	62,400	440,000
8	Pandemic societal responders (treatment)	35,100	475,100
9	Other outpatients (treatment)	614,900	1,090,000
10	Highest risk outpatients (prophylaxis)	130,000	1,220,000
11	Other health care workers (prophylaxis)	416, 000	1,636,000

*Currently available from the SNS

Assumptions

- Oregon antiviral distribution will be based on the recommendations of the federal advisory groups (National Vaccine Advisory Council and Advisory Committee on Immunization Practice) as outlined in the federal *HHS Pandemic Influenza Plan*.
- Oregon influenza antiviral planning is based on impact of the moderate scenario as defined by HHS. In a more severe scenario, the current antiviral supply would only cover a fraction of those in priority group 1 (hospitalized patients).
- Amantadine and Rimantadine will not be used because resistance rapidly develops.
- Oseltamivir (Tamiflu[®]) will be the antiviral of choice; it is an oral drug, available as pills and powder; it will decrease morbidity if used within 48 hours of illness onset.
- The Oregon State Pharmaceutical Cache of at least 3,000 courses of oseltamivir will be available.
- As of 2005, hospital and retail pharmacy supplies of influenza antivirals are small (0-10 treatment courses per pharmacy).
- As of March 2006, Oregon has decided not allocate state funds to purchase additional antiviral drugs.
- As of March 2006, the U.S. SNS contains approximately 5.5 million treatment courses of oseltamivir. We estimate the Oregon share of this as 1.3% (Oregon

proportion of U.S. population) or 71,000 treatment courses. This amount may increase substantially during 2006.

- The SNS stockpile of 72,000 oseltamivir treatment courses is adequate for the top 4 priority groups in Oregon in the moderate scenario (hospitalized patients, ill health care workers with direct patient contact, and highest risk outpatients). See Table F-1.
- During pandemic Phases 4 and 5, more detailed information on supply and efficacy of influenza antivirals for the anticipated pandemic strain will become available.
- Influenza antivirals will be distributed to hospitals at the onset of pandemic Phase 6.

Objectives

- Provide treatment and prophylaxis recommendations to hospitals, clinicians, and the public.
- Ensure prompt, efficient distribution of influenza antivirals from the SNS to those in the top priority groups as supplies allow.
- Track outcomes and adverse events in those receiving influenza antivirals.

Authorities

Oregon Revised Statute/Oregon Administrative Rule	Title
ORS 433.040	Vaccine Education and Prioritization Plan (VEPP)
OAR 333-048	Vaccine Education and Prioritization Plan

Summary of Activities by Pandemic Phase

This section describes activities related to influenza antivirals during each pandemic phase (see section 1.2, *World Health Organization Pandemic Phases*).

Interpandemic/Early Pandemic Alert (Phases 1-3)

During Phases 1-3, suspected human cases of novel influenza in Oregon are most likely to occur in the following populations:

- Sick travelers returning from a country with novel influenza cases in birds and humans.
- People who handle wild or domestic birds if a novel influenza strain is present in Oregon.

If a novel influenza strain is suspected in a human patient:

- The Oregon State Public Health Laboratory (OSPHL) will expedite RT-PCR (reverse transcriptase polymerase chain reaction) testing on human clinical specimens.

- While awaiting test results, the ill person will receive oseltamivir treatment; exposed close contacts and health care workers providing direct patient care will receive oseltamivir prophylaxis.
- If hospital and retail pharmacy supplies of oseltamivir are inadequate, the drug will be released from the Oregon State Pharmaceutical Cache. The decision to use oseltamivir from the cache will be made by Oregon State Public Health Division (OSPHD) Director in consultation with the CDC.
- If the state pharmaceutical cache is inadequate, additional oseltamivir from the SNS will be requested.
- In the setting of high-pathogenicity avian influenza (AI) in wild or domestic birds, the Oregon Avian Influenza Worker Protection Plan will guide antiviral distribution to prevent illness in exposed people (see Functional Plan 10.3.1).
- All those receiving antivirals will be:
 - Screened for underlying illness and contraindications prior to distribution of drug (see Tab F-4).
 - Monitored for adverse events. Any adverse events will be reported to FDA through MedWatch (www.fda.gov/medwatch/).

Pandemic Alert (Phases 4-5)

When human to human transmission of a new influenza strain is occurring, OSPHD will:

- Develop detailed distribution plans with key partners such as hospitals and health systems, and health care professional organizations.
- If cases are present in Oregon, consult with CDC regarding the use of influenza antivirals to limit further spread.
- Treat cases if disease is present in Oregon and provide prophylaxis to close contacts and health care workers as described above using Oregon and SNS stockpiles.
- Exercise the process for making decisions about antiviral prioritization through the Pandemic Influenza Coordinating Committee (PICC), with input from other stakeholders as needed.
- Develop and disseminate criteria for stockpiled influenza antiviral use in Phases 4 and 5 based on the most up-to-date clinical and epidemiological information.
- Request and distribute the Oregon portion of the SNS antiviral stockpile if available along with criteria for use prior to Phase 6.

Pandemic (Phase 6)

The top two priority groups for antiviral use are hospitalized influenza patients and ill health care workers with direct patient care roles. Distribution to these two groups will be through hospital pharmacies; quick distribution to the other priority groups is less straightforward. Because oseltamivir has never been in widespread use in the United States, reporting of unanticipated and rare side effects will be encouraged. In this phase OSPHD will:

- Request, stage, and store influenza antivirals from the SNS (see Functional Appendix 2, Strategic National Stockpile).

- Distribute antivirals to hospitals and other facilities, such as skilled nursing facilities, providing hospital-level care for influenza patients (priority group 1).
- Distribute antivirals to hospital employee health or occupational medicine clinics to facilitate prompt treatment of health care workers who provide direct patient care (priority group 2).
- Develop and distribute criteria for treatment of “highest risk” outpatients (priority group 3) and “pandemic responders” (priority group 4) in accordance with national guidelines.
- Make further decisions about other antiviral prioritization issues through the PICC. State epidemiologists will make recommendations to this group based on up-to-date data on risk factors for severe disease, efficacy of treatment and feasibility of distribution.
- Inform clinicians to report any adverse events to the FDA through MedWatch (www.fda.gov/medwatch/report/hcp.htm).

Active Issues

Issue	Recommendation	Timeline
Unknown efficacy of oseltamivir against pandemic strain	Continue to monitor efficacy and antiviral data	ongoing
Distribution mechanism to “highest risk outpatients” is not yet defined	Analyze access of this group to medical care. Determine options for drug distribution with health care systems and pharmacies	end of 2006
Priority group 4, pandemic responders is poorly defined	Assess state pandemic response, discuss with CDC	end of 2006

Tabs

Tab Number	Tab Title	Status	Anticipated Completion Date
F-1	Oregon Priority Group Sizes by Scenario	Completed	N/A
F-2	Process for Hospitals to Obtain State-Controlled Antiviral Drugs	In process	September 2006
F-3	Standing Order for Antiviral Prophylaxis	Completed	N/A
F-4	Influenza Antiviral Summary	Completed	N/A

ANTIVIRAL DISTRIBUTION PARTNERS

There is a limited amount of antiviral drugs in the Federal Strategic National Stockpile (SNS), and Oregon's portion of the drugs is not sufficient to provide protection to all residents during a pandemic; however, if community partners (e.g., critical infrastructure/ key resources [CI/KR] and tribes) were to stockpile antivirals, coordinated use of the drugs could improve protection¹ for the community as a whole. When available, the state will offer its partners the opportunity to purchase antiviral medication as one means for mitigating the effects of an influenza pandemic.

CI/KR Partners

Critical Infrastructure and Key Resources are defined by the National Strategy for Pandemic Influenza Implementation Plan (www.pandemicflu.gov) as:

Systems and assets, whether physical or virtual, so vital to the United States that the incapacity or destruction of such systems and assets would have a debilitating impact on security, national economic security, national public health or safety, or any combination of those matters.

Following these parameters, Oregon's CI/KR influenza planning partners include the following organization sectors:

- Banking and Finance
- Chemical
- Commercial Facilities
- Telecommunications
- Dams
- Emergency Services
- Energy (including Dams, Electricity, Oil and Natural Gas, and Nuclear)
- Food and Agriculture
- Information Technology
- Postal and Shipping
- Public Health and Healthcare
- Transportation
- Water and Wastewater Management.

Oregon's CI/KR partners may choose to purchase antivirals: (1) to provide prophylaxis for employees who are *critical for continuity of operations*; (2) to assure *early* treatment of all those who become ill; and (3) to protect overseas employees who would not have access to the US Federal stockpiles. **If organizations decide to stockpile, it is very important that the drugs be used in conjunction with non-pharmaceutical interventions, such as social distancing and personal protective equipment.**

¹ CDC Draft Guidance: *Proposed Considerations for Antiviral Drug Stockpiling by Employers in Preparation for an Influenza Pandemic* (2007)

Antiviral medication purchased through the state on the federal contract must be used under the criteria set forth by the national framework and Oregon's Influenza Plan.

Therefore, those receiving antiviral medication must:

- Abide by the guidance for storage, distribution, and administration of antivirals set forth in Oregon's Public Health Pandemic Influenza plan.
- Limit use of the antivirals to prophylaxis of *critical employees*², and/or treatment of employees
- Provide the state with a written statement indicating that the entity can receive the antivirals immediately upon their delivery and that they have sufficient funds with which to pay for the medication

Tribal Partners

The Oregon Public Health Division also partners with Tribes on pandemic influenza planning. Tribes may wish to purchase antiviral medication to provide prophylaxis for tribal members who are critical to the survival of their community and/or to assure early treatment of all those who become ill in their community during a pandemic. Tribes receiving antiviral medication purchased through the state on the federal contract must:

- Abide by the guidance for storage, distribution, and administration of antivirals set forth in Oregon's Public Health Pandemic Influenza plan.
- Limit use of the antivirals to prophylaxis of *critical tribal members*, and/or treatment of ill tribal members
- Provide the state with a written statement indicating that the tribe can receive the antivirals immediately upon their delivery and that they have sufficient funds with which to pay for the medication

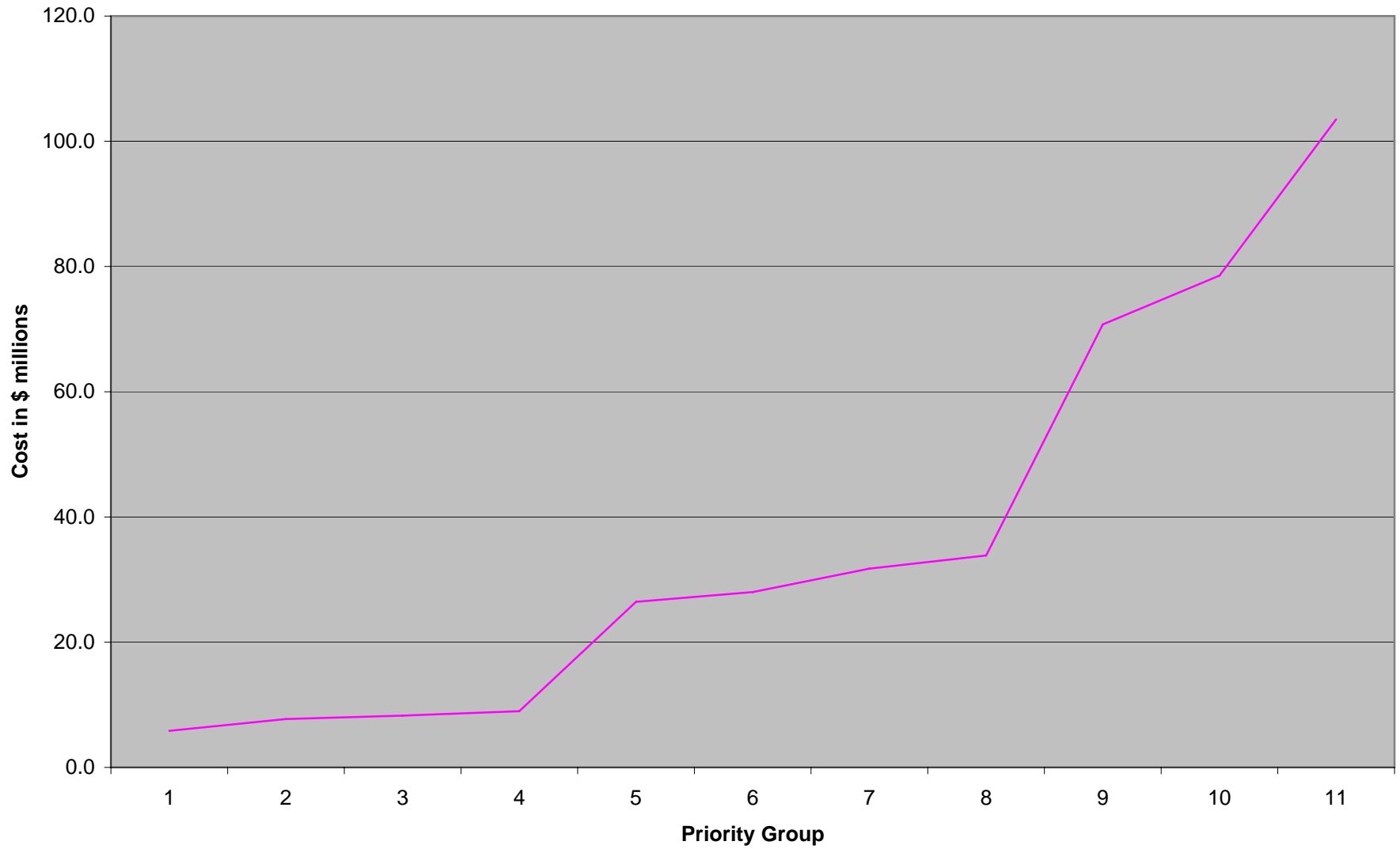
Any entity wishing to buy antivirals through the state on the federal contract must, based on the obligations of the contract, use the medication solely during a pandemic; it may not be used during seasonal influenza outbreaks.

² Employees whose functions are absolutely necessary to keep a business operating during an influenza pandemic, and critical to survival and recovery.

TAB F-1

OREGON PRIORITY GROUP SIZES BY SCENARIO

Cummulative OR Tamiflu Cost by Priority Group



Group	Strategy	Estimated US Pop (1000's)	Estimated OR Population (1000's)	US Courses	US Cumulative	OR Courses (1000's)	OR Courses Cumulative (1000's)	Cummulative Oregon Cost (\$ millions)	Priority Group
Admitted	Treat	10000	130.0	7500	7500	97.5	97.5	5.9	1
HCW Direct patient contact	Treat	9200	119.6	2400	9900	31.2	128.7	7.7	2
Highest Risk Out-pt	Treat	2500	32.5	700	10600	9.1	137.8	8.3	3
Pandemic Responders	Treat	3300	42.9	900	11500	11.7	149.5	9.0	4
Increased Risk Out-pt	Treat	85500	1111.5	22400	33900	291.2	440.7	26.4	5
Outbreak Response	PEP	NA	NA	2000	35900	26.0	466.7	28.0	6
HCW in ED, ICU, dialysis, EMS	Prophy	1200	15.6	4800	40700	62.4	529.1	31.7	7
Pandemic societal responders	Treat	10200	132.6	2700	43400	35.1	564.2	33.9	8
Other out-pt	Treat	180000	2340.0	47300	90700	614.9	1179.1	70.7	9
Highest Risk Out-pt	Prophy	2500	32.5	10000	100700	130.0	1309.1	78.5	10
Other HCW	Prophy	8000	104.0	32000	132700	416.0	1725.1	103.5	11

estimated tamiflu price \$59.44

Severe scenario

Group	Strategy	Estimated US Pop (1000's)	Estimated OR Population (1000's)	US Courses	US Cummulative	OR Courses (1000's)	OR Courses Cummulative (1000's)	Cummulative Oregon Cost (\$ millions)	Priority Group
Admitted	Treat	865	11.245	648	648	8.4	8.4	0.5	1
HCW Direct patient contact	Treat	9200	119.600	2400	3048	31.2	39.6	2.4	2
Highest Risk Out-pt	Treat	2500	32.500	700	3748	9.1	48.7	2.9	3
Pandemic Responders	Treat	3300	42.900	900	4648	11.7	60.4	3.6	4
Increased Risk Out-pt	Treat	85500	1111.500	22400	27048	291.2	351.6	21.1	5
Outbreak Response	PEP	NA	NA	2000	29048	26.0	377.6	22.7	6
HCW in ED, ICU, dialysis, EMS provi	Prophy	1200	15.600	4800	33848	62.4	440.0	26.4	7
Pandemic societal responders	Treat	10200	132.600	2700	36548	35.1	475.1	28.5	8
Other out-pt	Treat	180000	2340.000	47300	83848	614.9	1090.0	65.4	9
Highest Risk Out-pt	Prophy	2500	32.500	10000	93848	130.0	1220.0	73.2	10
Other HCW	Prophy	8000	104.000	32000	125848	416.0	1636.0	98.2	11

Moderate Scenario

TAB F-2
**PROCESS FOR HOSPITALS TO OBTAIN STATE-
CONTROLLED ANTIVIRAL DRUGS**

To be developed.

TAB F-3
STANDING ORDER FOR ANTIVIRAL PROPHYLAXIS

Standing Order for Influenza Antiviral Prophylaxis

DEPARTMENT OF HUMAN SERVICES HEALTH SERVICES

I. ORDER:

1. Follow the nursing assessment of individuals presenting for prophylactic treatment of influenza
2. Provide patient information about influenza and the preventive antivirals prior to administration, answering any questions.
3. Dispense antiviral prophylaxis in accordance with prophylactic treatment guidelines and within the restrictions of the guidelines of the Strategic National Stockpile program.

Health Officer

Signature

County

Date

II. Persons for whom prophylaxis may be ordered

1. Persons who have a confirmed or highly suspect exposure to **influenza**, as determined by the Health Officer;
And
2. Persons in a group for which the Health Officer has activated the DOH Emergency Operation Plan for mass antiviral prophylaxis.

TAB F-4

INFLUENZA ANTIVIRAL SUMMARY

Influenza Antiviral Summary

Drugs approved for influenza prophylaxis and treatment

There are 4 drugs available in the U.S. for treatment of influenza; 3 are also FDA-approved for influenza prophylaxis.

Drug	Class	Prophylaxis	Treatment	Pregnancy	Minimum Age
Amantadine (Symmetrell)	M2 channel	Yes	Yes	C	1 year
Rimantidine (Flumadine)	M2 channel	Yes	Yes	C	1 year
Oseltamivir (Tamiflu)	Neuraminidase Inhibitor	Yes	Yes	C	1 year
Zanamivir (Relenza)	Neuraminidase Inhibitor	No	Yes	C	7 years

The preferred agent for influenza treatment or prophylaxis will be chosen by the State Health Officer or designee based on the most up-to-date information about the virus in circulation, epidemiologic risk factors, reports of efficacy, and availability. A pandemic strain in circulation could be resistant to available agents, and resistance to the M2 agents can develop rapidly during treatment without diminishing communicability. Antiviral drugs may lose effectiveness for both prophylaxis and treatment if resistant virus is in circulation. In general the WHO recommends that the M2 agents be used for prophylaxis and the neuraminidase inhibitors be used for treatment.

Side Effect Summary

Amantadine and Rimantadine

Among some healthy adults and children, side effects can include central nervous system (CNS) side effects, such as nervousness, anxiety, difficulty concentrating, and lightheadedness, and gastrointestinal side effects, such as nausea and loss of appetite. CNS side effects happen more often among people taking amantadine than among people taking rimantadine. Among some other people with long-term illnesses, more serious side effects, such as delirium, hallucinations, agitation, and seizures, can occur. Side effects usually diminish and disappear after 1 week.

Zanamivir

This drug is inhaled and can cause side effects, especially in those with asthma or other chronic lung disease. Decreased respiratory function and bronchospasm have been reported with use of zanamivir. Zanamivir is generally not recommended for use in people with underlying lung disease, such as asthma and chronic obstructive pulmonary disease. Other side effects reported by less than 5% of those who have used this drug are diarrhea, nausea, sinusitis, nasal infections, bronchitis, cough, headache, and dizziness.

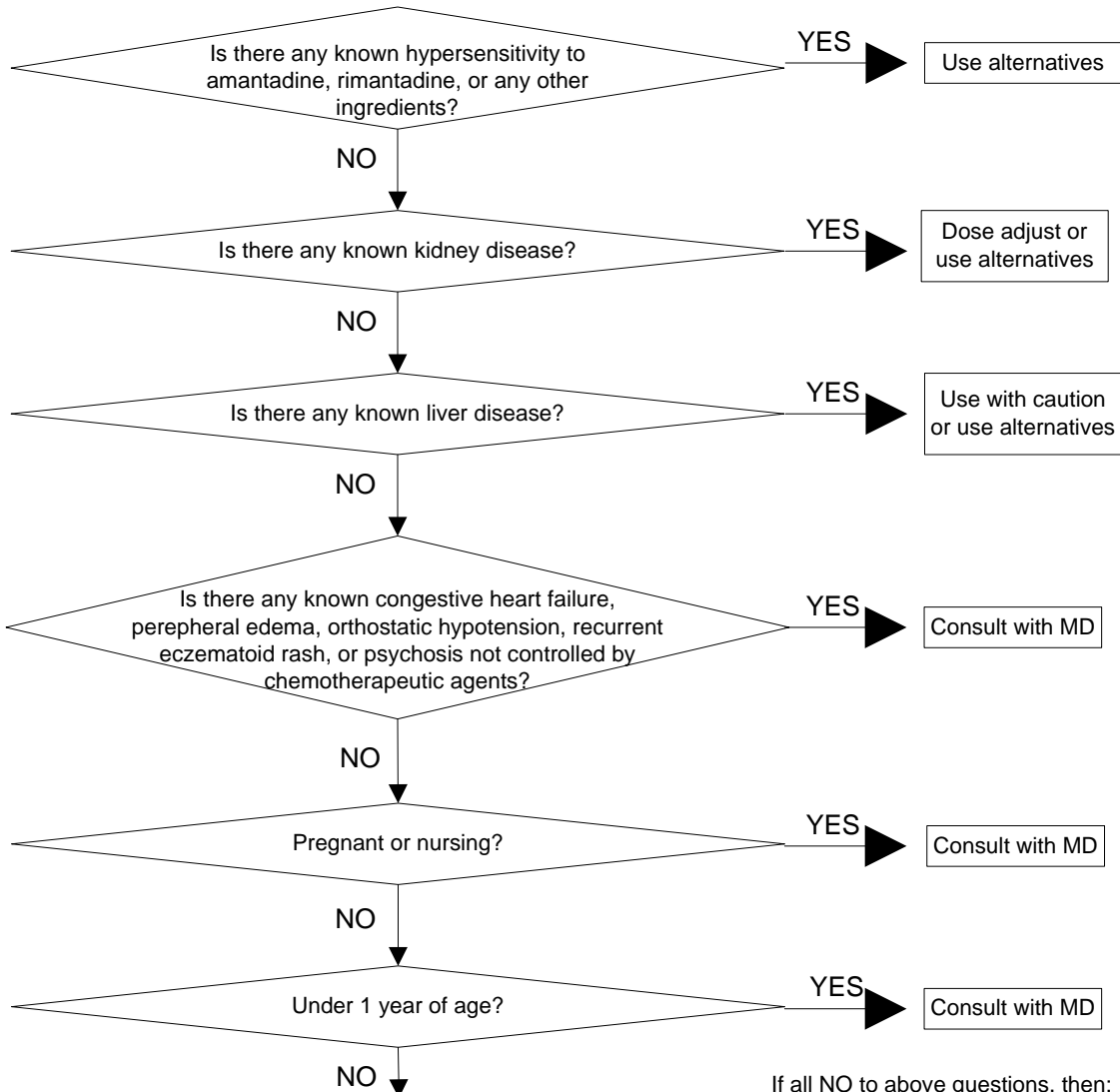
Oseltamivir

The side effects reported most often in those people who took this drug were gastrointestinal (i.e., nausea and vomiting). Nausea and vomiting may be less severe if oseltamivir is taken with food.

Algorithms

Antiviral algorithms are attached on the following pages. Once an agent has been selected for treatment or prophylaxis, use the algorithms to screen for cautions and contraindications and to select the appropriate dose.

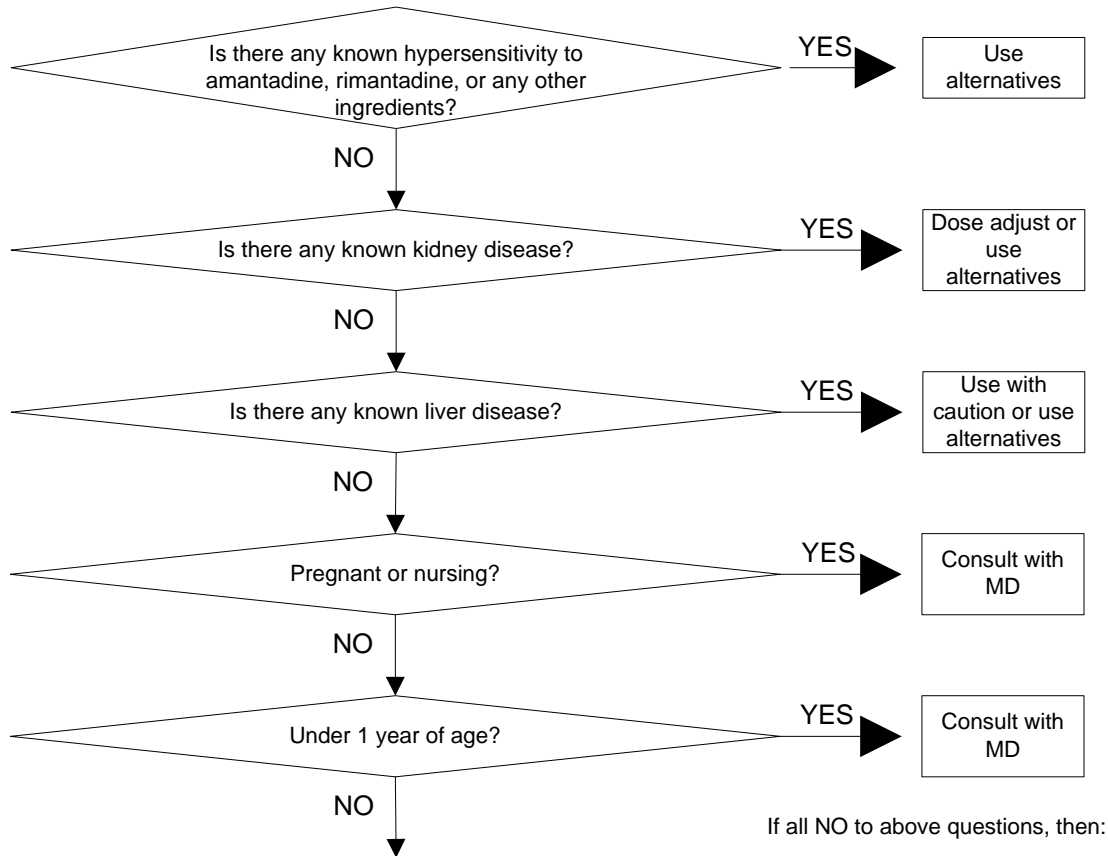
Amantadine (Symmetrel®) as preferred agent



If all NO to above questions, then:

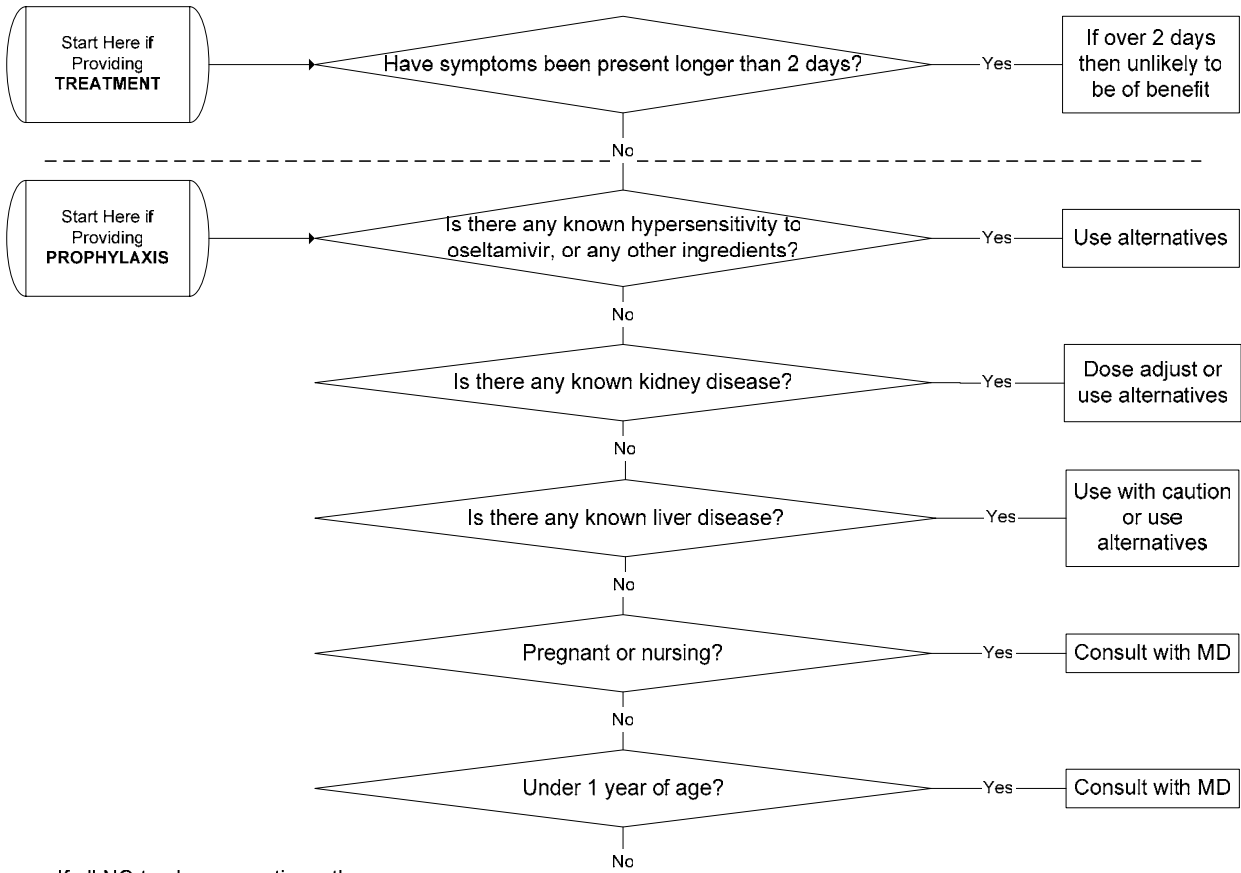
Age/Condition	Dose for Treatment AND Prophylaxis
10-64 years	200 mg by mouth per day as 200 mg x 1 or 100 mg x 2 (if CNS symptoms develop, then use 100 mg twice per day or reduce dose to 100 mg once per day)
>65 years	100 mg by mouth once per day
1-9 years	2-4 mg/lb/day = 4.4-8.8 mg/kg/day in one or two divided doses not to exceed 150 mg
If approved by MD, the dose for renal insufficiency is	
Creatinine Clearance (mL/min/1.73m)	Dose
30-50	200 mg day 1 and 100 mg each day thereafter
15-29	200 mg day 1 followed by 100 mg on alternate days
<15	200 mg every 7 days
The recommended dosage for patients on hemodialysis is 200 mg every 7 days	
Side Effect Summary: Among some healthy adults and children, side effects can include central nervous system (CNS) side effects such as nervousness, anxiety, difficulty concentrating and lightheadedness, and gastrointestinal side effects like nausea and loss of appetite. CNS side effects happen more often among persons taking amantadine than among persons taking rimantadine. Among some other persons with long-term illnesses, more serious side effects, such as delirium, hallucinations, agitation and seizures can occur. Side effects usually diminish and disappear after one week.	

Rimantadine (Flumadine®) as preferred agent



Age/Condition	Dose for Treatment AND Prophylaxis
10-64 years	100 mg twice per day
≥65 years	100 mg once per day
1-9 years	5mg/kg/day in one dose not to exceed 150 mg
Severe hepatic or renal disease	100 mg once per day
Rimantidine Information for Patients	
Side Effect Summary: Among some healthy adults and children, side effects can include central nervous system (CNS) side effects such as nervousness, anxiety, difficulty concentrating and lightheadedness; and gastrointestinal side effects like nausea and loss of appetite. CNS side effects happen more often among persons taking amantadine than among persons taking rimantadine. Among some other persons with long-term illnesses, more serious side effects, such as delirium, hallucinations, agitation and seizures can occur. Side effects usually diminish and disappear after one week.	

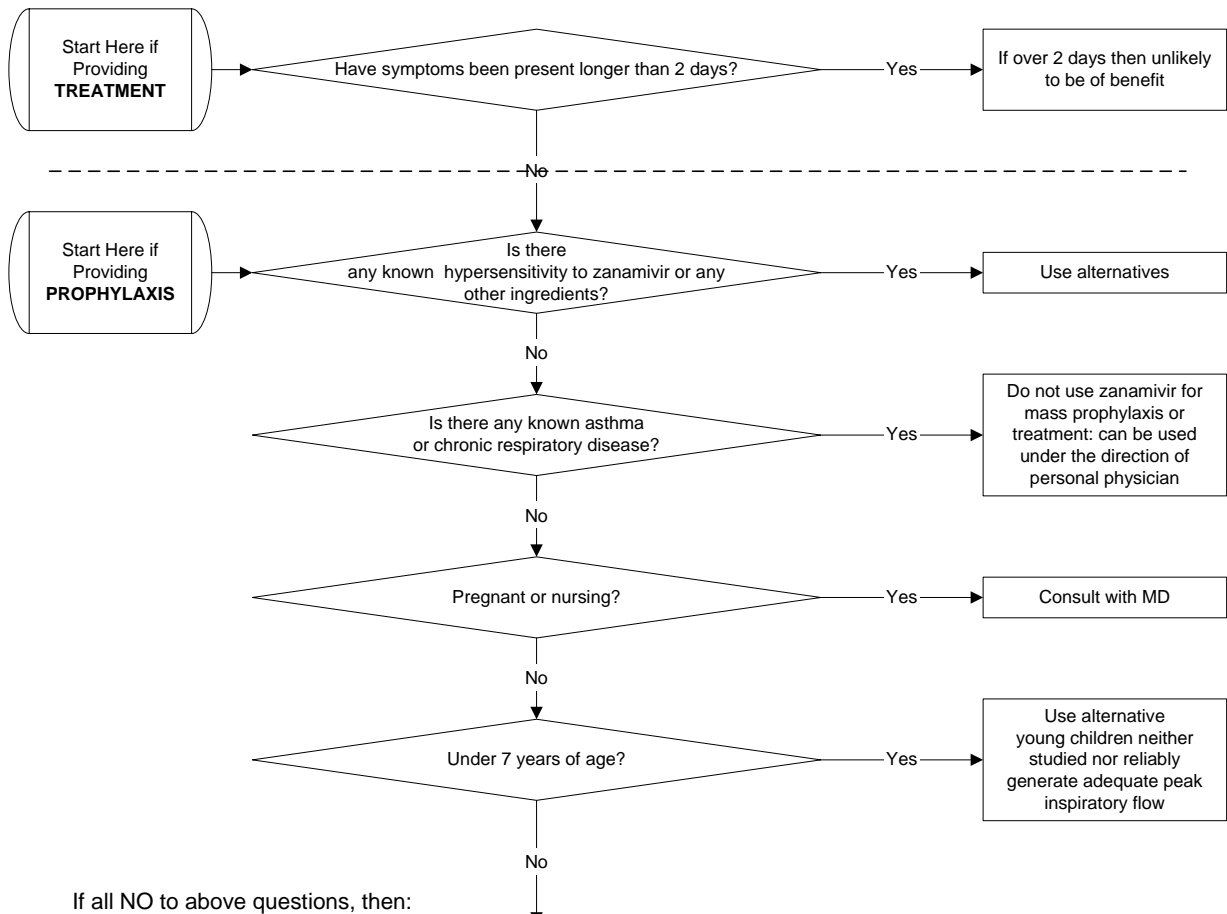
Oseltamivir (Tamiflu®) as preferred agent



If all NO to above questions, then:

Dose for Treatment				
Creatinine Clearance 10-30 mL/min	75 mg daily for 5 days			
Creatinine Clearance < 10 mL/min	No dosing recommendation; Do Not Use			
≥ 13 years of age	75 mg twice per day for 5 days			
< 13 years (≥ 1 Year)	For 5 days (See "Children" table below)			
Dose for Prophylaxis				
Creatinine Clearance 10-30 mL/min	75 mg every other day or 30 mg once daily			
Creatinine Clearance < 10 mL/min	No dosing recommendation; Do Not Use			
≥ 13 years of age	75 mg once daily for at least 10 days*			
< 13 years (≥ 1 Year)	For 10 days** (See "Children" table below)			
Side Effects: Most often reported were gastrointestinal. Nausea and vomiting may be less severe if oseltamivir is taken with food.				
*Safety and efficacy have been demonstrated for up to 6 weeks.				
**Prophylaxis in patients 1 to 12 years of age has not been evaluated for longer than 10-day durations.				
Children < 13 years of age and adults unable to swallow pills use the following:				
Body weight in kgs	Body weight in lbs	Recommended 5-day dose for Treatment	Recommended 10-day dose for Prophylaxis	No. bottles needed to obtain recommended dose
≤ 15 kg	≤ 33 lbs	30 mg twice daily	30 mg once daily	1
>15-23 kg	33-51 lbs	45 mg twice daily	45 mg once daily	2
>23-40 kg	51-88 lbs	60 mg twice daily	60 mg once daily	2
>40 kg	>88 lbs	75 mg twice daily	75 mg once daily	3

Zanamivir (Relenza®) as preferred agent



If all NO to above questions, then:

Instructions	Dose for Treatment
Prescribe according to manufacturer's instructions. Distribute Patient Instructions for Use to each patient (available with each treatment course).	2 inhalations twice daily x 5 days
	Dose for Prophylaxis
	2 inhalations once daily Safety and effectiveness of prophylaxis with zanamivir have not been evaluated for longer than 28 days duration.
Side Effect Summary: This drug is inhaled and can cause side effects, especially in those with asthma or other chronic lung disease. Decreased respiratory function and broncho spasm have been reported with use of zanamivir. Zanamivir is generally not recommended for use in persons with underlying lung disease such as asthma and chronic obstructive pulmonary disease. Other side effects reported by less than 5% of those who have used this drug are diarrhea, nausea, sinusitis, nasal infections, bronchitis, cough, headache and dizziness.	

Attachment G: Community Disease Control and Prevention

During the early days and weeks of an influenza pandemic (WHO Pandemic Phase 6), public health measures, such as isolation, quarantine, or closing of public places, may be the only means available to slow the spread of disease. Any delay in the peak of influenza activity will be valuable to dampen the peak demand on the health care system; delay could also permit more time for a vaccine to become available. Unfortunately, public health measures may have limited effect on the course of an influenza outbreak given the typically short incubation period, non-specific symptoms, and the ability of this virus to spread from an individual even before the onset of illness.

Assumptions

- Oregon will not have an adequate supply of vaccine in the early phases of a pandemic.
- To be effective, public health measures will be implemented during the early stages of a pandemic.
- Voluntary measures will be emphasized over mandatory measures.
- Existing Oregon laws are adequate for anticipated control measures.
- Key partners, such as the health care industry and the media, will assist with the implementation of community disease control efforts.
- Community control measures will not prevent the introduction of influenza into Oregon.
- The Oregon State Public Health Division (OSPHD) Director with guidance from the Pandemic Influenza Coordinating Committee (PICC) will make recommendations to elected officials about implementing community control measures.
- Local authorities have the resources to publicize the anticipated measures.

Objectives

- To minimize the impact of pandemic influenza on Oregon
- To decrease contact between infected and non-infected individuals.
- To reduce the probability that exposure will cause infection when contact occurs.
- To minimize social and economic consequences while slowing the spread of influenza.

Authorities

Oregon Revised Statute	Title
401.055 to 401.155	Relating to emergencies (Governor's powers)
431.110 to 431.195	Enforcement of Health Laws and Rules
431.440	Public health administrators have police powers
433.001 to 433.012	Reportable diseases
433.019 to 433.035	Procedure to impose public health measures; enforcement
433.040	Vaccine Education and Prioritization Plan
433.104	Use of immunization registry for potential catastrophic disease threat
433.106	Power to impose public health measures
433.407 to 433.423	Procedure where workers exposed to infectious disease
433.441 to 433.452	Impending public health crises

Summary of Activities by Pandemic Period

This section describes community control activities during each pandemic phase (see section 1.2, *World Health Organization Pandemic Phases*).

Interpandemic/Early Pandemic Alert (Phases 1-3)

Until human-to-human spread of H5N1 or another novel influenza virus is confirmed, community disease control activities will be limited to planning and routine activities to prevent influenza as follows:

- Continue annual public health disease control measures, including:
 - Promote influenza and pneumococcal vaccination.
 - Recommend hygienic practices (hand washing and “cover your cough”).
 - Recommend ill individuals stay at home to avoid exposure of others.
 - Recommend standard emergency preparedness measures, such as keeping adequate food, water, and essential medicines in case of a need to avoid exposure.
- Convene an advisory committee of representatives from the community to work with the OSPHD Director to create and periodically review suggested public health disease control measures for pandemic Phase 6.
- Plan and exercise for potential isolation and quarantine measures, including providing for basic life support requirements such as food, water and medical supplies.

Pandemic Alert (Phases 4-5)

Once human-to-human spread of a new strain of influenza is confirmed elsewhere, public health activities in Oregon will intensify. These activities include the following:

- Provide travel advisories for areas where the novel influenza strain has been confirmed. (See Attachment H.)
- Aggressively promote prevention activities previously described and add recommendations that advise the public to:
 - Limit the exposure of vulnerable individuals (infants, elderly, immunocompromised people) to others as much as possible.
 - Avoid unnecessary visits to hospitals, emergency rooms and urgent care clinics.
- Encourage telecommuting and development of telecommuting options.
- Encourage individuals to self-quarantine if they have been in an affected area or exposed to persons with flu-like symptoms.
- Convene the PICC and community representatives to review options and develop a prioritized list of public health disease control measures, both voluntary and mandatory, that could be employed during pandemic Phase 6; public input will be obtained **before** Pandemic Phase 6.

Pandemic (Phase 6)

- Once a human-to-human transmission of a novel strain of influenza has been confirmed anywhere in the world, health promotion activities will become more aggressive, and direct public health disease control measures will be considered and possibly employed.
- Provide travel advisories for areas where the novel influenza strain has been confirmed (see Attachment H).
- Support mass vaccination clinics if effective vaccine is available.
- Consider implementing, on a voluntary basis, the following community disease control measures:
 - Isolation of symptomatic individuals or groups.
 - Quarantine of individuals or groups exposed to symptomatic persons.
 - Cancellation of large group meetings.
 - School closures.
 - Snow days.
 - Closures of places where large groups congregate (e.g., malls, theaters, clubs, etc.).
- With local health departments and emergency management agencies, provide for basic life support requirements (food, water, necessary medical supplies, etc.) for individuals who are isolated or quarantined as a result of public health measures.

Active Issues

Issue	Recommendation	Timeline
Process for making recommendations and decisions around involuntary measures	Convene PICC and elected officials to develop and exercise process	
Do existing public health laws provide adequate authority for imposing involuntary measures?	Formal review of public health statutes	Completed by end of 2006
Should masks be recommended for use in public?	Obtain guidance from CDC regarding national recommendations; prepare a media releases	Review and update annually

Attachment H: Managing Travel-Related Risk of Disease Transmission

Influenza has a short incubation period (1 to 3 days) and is easily spread from person to person. Some people infected with influenza shed virus up to one day prior to onset of symptoms. If an influenza pandemic begins outside of the United States, screening of inbound international travelers may slow importation of the virus into Oregon. If a pandemic begins or is occurring in the United States, screening of outbound international travelers may slow spread to other countries. Screening of travelers on domestic flights may slow the spread of pandemic influenza within the United States if it is not yet widespread throughout the country.

Restriction of international and interstate travel is a federal responsibility. Federal agencies likely to be involved include CDC, U.S. Customs Border Protection, U.S. Immigration and Naturalization Service, and the Federal Aviation Administration. The Oregon State Public Health Division (OSPHD) will coordinate with these agencies and local partners in developing and implementing strategies that may be used to limit importation of pandemic influenza. OSPHD will coordinate with state and local partners in developing and implementing travel-related strategies that may limit spread within Oregon.

Assumptions

- Oregon has four ports of entry (Astoria, Coos Bay, Newport and Portland).
- Port of Portland is the only Oregon airport with direct inbound international flights.
- Direct international flights to and from Portland International Airport are limited.
- Most Oregon-bound international passengers will clear U.S. customs at points of entry outside of Oregon.
- An influenza pandemic will not begin in Oregon.

Objectives

- Slow the importation of pandemic influenza into Oregon via infected travelers.
- Slow the spread of pandemic influenza within the United States via infected travelers.
- Slow the spread of pandemic influenza within Oregon via infected travelers.

Authorities

Oregon Revised Statute	Title
431.110 to 431.150	General powers of Department of Human Services; enforcement of health laws generally
433.001	Disease and condition control, definitions
433.006	Investigation and control measures
433.019	Procedure to impose public health measure; enforcement
433.022	Taking subject into custody; information to subject; notice to court; court order; duration of custody
433.035	Examination of certain persons prior to imposition of public health measure
433.106 to 433.220	Power to impose public health measures
433.441 to 433.452	Impending public health crises

Oregon Administrative Rule	Title
333-003-0010 to 0080	Public Health Preparedness; impending public health crisis

Summary of Activities by Pandemic Period

This section describes managing travel activities during each pandemic phase (see section 1.2, *World Health Organization Pandemic Phases*).

Interpandemic/Early Pandemic Alert (Phases 1-3)

Phases 1-3 offer the opportunity for advanced planning and coordination with response partners:

- Convene an advisory committee of community members to develop and review suggested travel-related disease control measures to be employed during an influenza pandemic.
- Assist counties with ports of entry in developing protocols for managing ill arriving passengers of airplanes or ships where none exist (see Tab H-1).
- Participate in exercises of these protocols and procedures with federal, state and local partners.
- Assist local health authorities in dissemination of CDC health information to travelers (In the News, Outbreak Notices, Travel Health Precautions, Travel Health Warnings).
- Collaborate with CDC Quarantine station and local health authorities to develop protocols and procedures for the management of ill arriving passengers meeting the

- clinical and epidemiologic criteria for infection with a novel strain of influenza (see Attachment B, Tab B-1).
- Consult with the CDC on the management of contacts of ill travelers. During Phase 3, this will be done on a case-by-case basis and will be based on the following factors:
 - The likelihood that the suspected case is ill due to novel influenza.
 - The likelihood of human-to-human transmission, based on the transmissibility of the virus during this phase.
 - The feasibility of tracing and monitoring contacts.
 - Strategies might include:
 - Health monitoring of contacts without restriction of activities.
 - Quarantine at home or designated facility (only if there is a high probability that the ill passenger is infected with novel influenza and transmissibility between humans).
 - Antiviral prophylaxis or treatment.

Pandemic Alert (Phases 4-5)

- Continue the planning efforts as outlined above.
- Reevaluate clinical and epidemiological criteria for evaluation of suspected cases of novel influenza.
- Assist local health authorities in dissemination of CDC health information to travelers (In the News, Outbreak Notices, Travel Health Precautions, Travel Health Warnings).
- Collaborate with CDC Quarantine station and local health authorities to modify protocols and procedures for the management of ill arriving passengers as the pandemic alert phases change.
- Consult with CDC on the management of contacts of ill travelers. During Phases 4-5, this will be done on a case-by-case basis as described for Phases 1-3.

Pandemic (Phase 6)

During the First 4 Weeks

In the early stages of a pandemic, disease surveillance at ports of entry into the United States will intensify. OSPHD will:

- Reevaluate clinical and epidemiological criteria for evaluation of suspected cases of novel influenza.
- Assist local health authorities in dissemination of CDC health information to travelers (Travel Health Precautions, Travel Health Warnings).
- Collaborate with CDC Quarantine station and local health authorities to enhance disease surveillance at ports of entry.
- Collaborate with CDC to reevaluate protocols and procedures for the management of ill arriving passengers. Strategies may include:
 - Provide guidance on infection control practices to airlines and ships.
 - Isolate ill passengers and quarantine contacts as necessary.
 - Collect information on all arriving passengers if notification is warranted.

During Subsequent Weeks

In the later stages of the pandemic there will be extensive and sustained transmission. Travel-related control strategies will depend on how widely the virus has spread within Oregon and the United States. OSPHD will collaborate with the CDC and state and local partners to:

- Distribute travel health alert notices to passengers arriving from affected countries.
- Post travel alert notices in airports.
- Collect information on arriving passengers if notification is warranted.
- Evaluate other strategies that might include:
 - Cancellation of “non-essential” travel to/from affected countries.
 - Closure of mass transit systems.

If the level of influenza transmission in the United States is high, but most regions of the country have not yet been affected, OSPHD will work with federal, state and local partners to develop strategies to slow introduction into Oregon. Strategies might include:

- Limiting or canceling nonessential travel to affected areas.
- Implementation of increased disease surveillance.
- Distribution of travel health alert notices on domestic flights.
- Isolation of arriving ill domestic flight passengers and quarantine of travel contacts using protocols for international travel.
- Closing mass transit systems.
- Closing interstate bus and train routes.

If the level of influenza transmission in Oregon is high, but most parts of the state have yet to be affected, OSPHD will work with state and local partners to develop strategies to slow spread across the state. Strategies might include:

- Travel advisories to avoid affected areas of the state.
- Limiting intrastate bus, train and airline travel.

If the level of influenza transmission in the United States represents a high risk of **exportation** of disease, OSPHD will work with federal, state and local partners to develop strategies to decrease this risk. Strategies might include:

- Distribution of travel health warnings to outbound passengers.
- Cancellation of “non-essential” travel to other countries.
- Implementation of pre-departure screening of outbound travelers.

Active Issues

Issue	Recommendation	Timeline
Identification of temporary and long-term quarantine facilities in counties with ports of entry	Plans for such facilities should be proportional to passenger traffic	End of 2006
Development of Memos Of Understanding (MOU) with hospitals near ports to facilitate isolation, evaluation and management of suspected influenza patients	Development needed	End of 2006
Development of MOUs with emergency medical services near ports of entry for on-site assessment and transport of suspected influenza patients	Development needed	End of 2006

Tabs

Tab Number	Tab Title	Status	Anticipated Completion Date
H-1	Checklist for Counties with Ports of Entry	Completed	
H-2	SOP 4.1.1 –Disseminating CDC Travel Notices	In process	

TAB H-1

CHECKLIST FOR COUNTIES WITH PORTS OF ENTRY

Checklist for Counties with Ports of Entry

Managing Ill Travelers at Ports of Entry

Protocols should be developed that address:

- Meeting vessels with a reported ill person
- Notification procedures among involved organizations, including the State Public Health Division
- Separation of ill traveler from other passengers
- Medical assessment and referral of ill traveler for evaluation and care
- MOUs with emergency medical services in the jurisdiction for provision of assessment and transport of suspected cases
- MOUs with hospitals in the jurisdiction to facilitate isolation, evaluation and management of suspected cases

Quarantine procedures for exposed passengers, crew, emergency workers

Protocols should be developed that address:

- Identification of quarantine facilities for short-term quarantine (a few days)
- Identification of quarantine facilities for longer-term quarantine (up to 10 days) if suspect case's diagnosis is confirmed
- Identification and transport of exposed contacts to a quarantine facility
- Enforcement of quarantine
- Provision of goods and services to these people while under quarantine

TAB H-2
SOP 4.1.1 DISSEMINATING CDC TRAVEL NOTICES

Currently being developed.

Attachment I: Behavioral Health Support

During times of high stress, such as during an influenza pandemic, it is important to provide behavioral health support services to both the work force responding to the pandemic and to the general public, including people in isolation and quarantine. OSPHD's *Functional Appendix 7, Behavioral Health* will provide the baseline guidance for behavioral health responses. However, due the potential length of an influenza pandemic, it is possible that behavioral health services will need to be different from those in a short term emergency.

Workforce Support

In this plan, workforce support primarily addresses the behavioral health needs of the response and essential service workers who will respond to an influenza pandemic, including:

- Health care workers who provide medical care to ill persons.
- Emergency field workers and other public health personnel who help control the spread of infection.
- First-responder and nongovernmental organizations whose employees assist affected groups.
- Essential service workers whose activities maintain normal functions in the community and minimize social disruption.
- Family members of all of these groups.

Workforce support activities for the Interpandemic and Pandemic Alert periods focus on the establishment of behavioral health informational materials and support services to help health care and other response and essential service workers and their families manage emotional stress during the response to an influenza pandemic.

Public Support

Activities related to the general public include:

- Increased surveillance for and treatment of behavioral health issues in the community as a result of increasing likelihood and increased spread of disease during the Pandemic period.
- Behavioral health support as strict public health measures are implemented, including potential isolation and quarantine.
- Preparation and distribution of informational materials for all Oregon citizens to help with personal, professional and family issues during a pandemic.

Assumptions

- The state Office of Mental Health and Addiction Services (OMHAS) will take the lead in the behavioral health emergency planning process.

- *Functional Appendix 7, Behavioral Health*, and its Standard Operating Procedures (SOPs) will provide the baseline guidance for behavioral health responses during an emergency and will be revised, if necessary, to reflect changing conditions during a pandemic.

Objectives

- Identify planning activities to be developed by OMHAS and OSPHD during the pandemic alert periods.
- Identify response activities for OMHAS, OSPHD, and other behavioral health organizations during the Pandemic period.
- Develop or identify informational products to assist response and essential service workers with personal, professional and family issues during a pandemic.
- Develop or identify informational products to support the general public, including people requiring isolation or quarantine, with personal, professional and family issues during a pandemic.
- Identify SOPs, checklists, position descriptions and other tools that may be required to implement the actions identified in this section.

Summary of Activities by Pandemic Period

This section describes support activities during each pandemic phase (see section 1.2, *World Health Organization Pandemic Phases*).

Interpandemic/Early Pandemic Alert (Phases 1-3)

The following activities relate to both response and essential service workers and public behavioral health support.

Planning

- Incorporate behavioral health support services into emergency preparedness planning for an influenza pandemic.
- Develop plans to support response and essential service workers during and following deployment in excess of those plans in *Functional Appendix 7, Behavioral Health*, since the deployment will likely be longer than for other emergencies.
- Develop a plan to manage offers of assistance and invited/uninvited volunteers.

Identify and Develop or Access Resources

- Identify community-based nongovernmental organizations to determine the types of psychological and social support services and training courses available in their jurisdictions.
- Establish public-sector links with private mental health resources such as the Red Cross and other national voluntary organizations active in disasters.

- Establish links to behavioral health professionals to assist in screening citizens for mental disorders, functional impairment, substance abuse, etc.
- OMHAS will aid Risk Communications staff in identifying or developing materials on behavioral health issues for distribution to response and essential service workers, their families and the public during an influenza pandemic.
- Ensure that OSPHD can distribute behavioral health resources to the private and non-profit sectors.
- OMHAS will aid Risk Communications staff in developing messages that will enhance public support for and participation in voluntary isolation, quarantine and personal infection control measures.
- Office of Multicultural Health will aid Risk Communications staff in ensuring that different communities within the state (e.g., ethnic, racial, and religious groups; most vulnerable; special needs; language minorities) are identified and can be reached with appropriate behavioral health resources.
- Identify resources, such as culturally competent and multilingual providers, that could help in managing disaster services.

Train Behavioral Health and Related Professionals in Disaster Response Strategies

- Train behavioral health staff in hospitals, clinics, and related agencies in “psychological first aid” techniques to help people cope with grief, stress, exhaustion, anger, and fear during an emergency. (See Tabs I-2 and I-3 for techniques developed by the Center for the Study of Traumatic Stress and by the Washington County Department of Health and Human Services.)
- Train nonbehavioral health professionals (e.g., primary-care clinicians, safety and security personnel, community leaders, and staff of cultural- and faith-based organizations) in basic psychological first aid.

Pandemic Alert (Phases 4-5)

- Accelerate and intensify activities described in *Interpandemic/Early Pandemic Alert (Phases 1-3)*.

Pandemic (Phase 6)

During the First 4 Weeks

For response and essential service workers:

- Identify rest and recuperation sites.
- Provide psychological and social support services for response and essential service workers and their families.

For the public:

- Provide confidential telephone support lines to be staffed by behavioral health professionals.
- Provide psychological first aid.
- Provide behavioral health triage and assessments.
- Provide outreach and information dissemination.

For other partners:

- Provide technical assistance, consultation, and just-in-time training in psychological first aid.
- Provide medical, public health, and community partners with educational and training materials on the behavioral health aspects of the influenza pandemic.

During Subsequent Weeks

- Provide continued outreach, triage, and services.
- Monitor response and essential service workers for signs of chronic or severe psychological distress.
- Provide assistance in reintegration for workers who were deployed or isolated from work and family.

Active Issues

Issue	Recommendation	Timeline
Continuity of Operations Planning (COOP) for Oregon DHS is not completed yet. This process will eventually identify DHS staffing during an emergency.	Work with DHS COOP staff to help define behavioral health issues for pandemic influenza.	Complete in 2007.

Tabs

Tab Number	Tab Title	Status	Anticipated Completion Date
I-1	SOP 4.1.2 – Additional Support For Response And Essential Service Workers	In process	
I-2	Psychological First Aid	Completed	
I-3	Psychosocial Support for Individuals and Families During and After a Pandemic	Completed	

TAB I-1
SOP 4.1.2 ADDITIONAL SUPPORT FOR RESPONSE
AND ESSENTIAL SERVICE WORKERS

To be developed.

TAB I-2

PSYCHOLOGICAL FIRST AID



Understanding the Effects of Trauma and Traumatic Events to Help Prevent, Mitigate and Foster Recovery for Individuals, Organizations and Communities
A Program of Uniformed Services University, Our Nation's Federal Medical School, Bethesda, Maryland • www.usuhs.mil/csts/

PSYCHOLOGICAL FIRST AID

Helping Victims in the Immediate Aftermath of Disaster

As a healthcare provider, first responder, leader or manager of disaster operations, this fact sheet describes an evidence-informed approach for helping victims cope in the immediate aftermath of a disaster known as *Psychological First Aid*, and explains how to administer it.

Psychological First Aid aims to mollify the painful range of emotions and physical responses experienced by people exposed to disaster. These reactions include combinations of confusion, fear,



hopelessness, helplessness, sleeplessness, physical pain, anxiety, anger, grief, shock, aggressiveness, mistrustfulness, guilt, shame, shaken religious faith, and loss of confidence in self or others.

There is consensus among international disaster experts and researchers that *Psychological First Aid* can help alleviate these painful emotions and reduce further harm that can result from initial reactions to disasters. Please share this fact sheet with your disaster outreach colleagues.

Do's and Don'ts for Promoting an Environment of Safety, Calm, Connectedness, Self-Efficacy and Hope

The primary objective of *Psychological First Aid* is to create and sustain an environment of 1) safety, 2) calm, 3) connectedness to others, 4) self-efficacy or empowerment, and 5) hope.

DO:

Promote Safety

- Help people meet basic needs for food & shelter, and obtain emergency medical attention.
- Provide repeated, simple and accurate information on how to obtain these.

Promote Calm

- Listen to people who wish to share their stories and emotions and remember there is no wrong or right way to feel.
- Be friendly and compassionate even if people are being difficult.
- Offer accurate information about the disaster or trauma, and the relief efforts underway to help victims understand the situation.

Promote Connectedness

- Help people contact friends or loved ones.
- Keep families together. Keep children with parents or other close relatives whenever possible.

Promote Self-Efficacy

- Give practical suggestions that steer people towards helping themselves.
- Engage people in meeting their own needs.

Promote Hope

- Find out the types and locations of government and non-government services and direct people to those services that are available.
- Remind people (if you know) that more help and services are on the way when they express fear or worry.

DON'T:

- Force people to share their stories with you, especially very personal details (this may decrease calmness in people who are not ready to share their experiences).
- Give simple reassurances like "everything will be OK" or "at least you survived" (statements like these tend to diminish calmness).
- Tell people what you think they should be feeling, thinking or doing now or how they should have acted earlier (this decreases self-efficacy).
- Tell people why you think they have suffered by alluding to personal behaviors or beliefs of victims (this also decreases self-efficacy).

Continued on reverse side

Don't, continued

- Make promises that may not be kept (un-kept promises decrease hope).
- Criticize existing services or relief activities in front of people in need of these services (this undermines an environment of hope and calm).



Photographs of the impacts of Hurricane Katrina on the Gulf states. Top photo: destroyed bridge. Bottom photo: flooded residential neighborhood. Photos by Paul Morse, White House photographer. (These photos were taken from Air Force 1 when President George W. Bush flew over hurricane devastated areas on August 31, 2005, as he flew from Crawford TX to Washington, DC).

For more information on the Center for the Study of Traumatic Stress and its resources (disaster fact sheets, articles and books) go to: www.usuhs.mil/csts

PLACE LOCAL CONTACT INFORMATION HERE



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www.usuhs.mil/csts | www.centerforthestudyoftraumaticstress.org

TAB I-3
PSYCHOSOCIAL SUPPORT FOR INDIVIDUALS AND
FAMILIES DURING AND AFTER A PANDEMIC



PANDEMIC FLU AND YOU

Psychosocial Support for Individuals and Families During and After a Pandemic

Why are psychosocial support services important for people during and after a pandemic?

- ❑ A pandemic is outside the range of normal human experience and will be upsetting and potentially traumatic for people.
- ❑ A pandemic can upset daily routines. Children may be out of school and confined to their homes for extended periods. Adults may not be able to work due to workplace closures or sickness. In a worst case scenario, a family member or friend may die.
- ❑ Children are especially vulnerable because they have less capacity to calm and reassure themselves in stressful situations.

Different people will react to a disaster like a pandemic in different ways depending on their personality, family support and exposure to the event. Below are some typical ways that children and adults may react to a pandemic along with suggested intervention strategies. As important as these signs are, it is more important to keep in mind that all people, and children in particular, are very resilient and for almost everyone these problems will resolve with time and support from family and friends.

Ages 1-5:		
<i>Emotional reactions</i>	<i>Behavioral reactions</i>	<i>Physical reactions</i>
<ul style="list-style-type: none"> • Irritability • Anxiety • Fear • Angry outbursts • Sadness • Withdrawal 	<ul style="list-style-type: none"> • Resumption of bed-wetting, thumb sucking, clinging to parents • Fear of the dark • Avoidance of sleeping alone • Increased crying 	<ul style="list-style-type: none"> • Loss of appetite • Stomach aches • Nausea • Sleep problems, nightmares • Speech difficulties • Tics
Intervention Strategies:		
<ul style="list-style-type: none"> • Encourage expression regarding losses • Avoid unnecessary separations • Monitor media exposure to disaster trauma 		
<ul style="list-style-type: none"> * Provide predictable bedtime routines * Permit the child to sleep in parents' room temporarily * Encourage expression through play activities 		
Ages 6-11:		
<i>Emotional reactions</i>	<i>Behavioral reactions</i>	<i>Physical reactions</i>
<ul style="list-style-type: none"> • School avoidance • Withdrawal from friends, familiar activities • Angry outbursts • Obsessive preoccupation with disaster, safety 	<ul style="list-style-type: none"> • Decline in school performance • Aggressive behavior at home or school • Hyperactive or silly behavior • Whining, clinging, acting like a younger child • Increased competition with younger siblings for parents' attention 	<ul style="list-style-type: none"> • Loss of appetite • Stomach aches • Nausea • Sleep problems, nightmares • Speech difficulties • Tics
Intervention Strategies:		
<ul style="list-style-type: none"> • Give additional attention and consideration • Relax expectations of performance at home and at school temporarily • Set gentle but firm limits for acting out behavior • Provide structured but undemanding home chores and activities • Encourage verbal and play expression of thoughts and feelings • Involve the child in preparation of family emergency kit, home drills • Rehearse safety measures for future disasters 		

Ages 12-18		
<i>Emotional reactions</i>	<i>Behavioral reactions</i>	<i>Physical reactions</i>
<ul style="list-style-type: none"> • Loss of interest in peer social activities, hobbies, recreation • Sadness or depression • Resistance to authority • Feelings of inadequacy and helplessness 	<ul style="list-style-type: none"> • Decline in academic performance • Rebellion at home or school • Decline in previous responsible behavior • Agitation or decrease in energy level, apathy • Delinquent behavior • Social withdrawal 	<ul style="list-style-type: none"> • Loss of appetite • Headaches • Gastrointestinal problems • Sleep disorders • Skin eruptions • Complaints of vague aches and pains
Intervention Strategies:		
<ul style="list-style-type: none"> • Give additional attention and consideration • Relax expectations of performance at home and at school temporarily • Encourage discussion of disaster experiences with peers, significant adults • Avoid insistence on discussion of feelings with parents • Encourage physical activities • Rehearse family safety measures for future disasters • Encourage resumption of social activities, athletics, clubs etc. • Encourage participation in community rehabilitation and reclamation work 		
Adults		
<i>Emotional reactions</i>	<i>Behavioral reactions</i>	<i>Physical reactions</i>
<ul style="list-style-type: none"> • Depression, sadness • Irritability, anger • Anxiety, fear • Despair, hopelessness • Guilt, self doubt • Mood swings 	<ul style="list-style-type: none"> • Sleep problems • Avoidance of reminders • Excessive activity level • Crying easily • Increased conflicts with family • Hypervigilance • Isolation, withdrawal 	<ul style="list-style-type: none"> • Fatigue, exhaustion • Gastrointestinal distress • Appetite change • Somatic complaints • Worsening of chronic conditions
Intervention Strategies:		
<ul style="list-style-type: none"> • Provide supportive listening and opportunity to talk in detail about disaster experiences • Assist with prioritizing and problem solving • Offer assistance for family members to facilitate communication and effective functioning • Assess and refer when indicated • Provide information on disaster stress and coping, children's reactions and families • Provide information on referral resources 		
Older Adults		
<i>Emotional reactions</i>	<i>Behavioral reactions</i>	<i>Physical reactions</i>
<ul style="list-style-type: none"> • Depression • Despair about losses • Apathy • Confusion, disorientation • Suspicion • Agitation, anger • Fears of institutionalization 	<ul style="list-style-type: none"> • Withdrawal and isolation • Reluctance to leave home • Mobility limitations • Relocation adjustment problems 	<ul style="list-style-type: none"> • Worsening of chronic illnesses • Sleep disorders • Memory problems • More susceptible to hypo and hyperthermia • Physical and sensory limitations (sight, hearing) interfere with recovery
Intervention Strategies:		
<ul style="list-style-type: none"> • Provide strong and persistent verbal assurance • Provide orienting information • Use multiple assessment methods as problems may be under reported • Assist in obtaining medical and financial assistance • Assist in reestablishing familial and social contacts • Give special attention to suitable residential relocation • Encourage discussion of disaster losses and expression of emotions • Provide and facilitate referrals for disaster assistance • Engage providers of transportation, chore services, meal programs, home health, and home visits as needed 		



PANDEMIC FLU AND YOU

Psychosocial Support for Employees and Their Families During and After a Pandemic

When should someone be referred to mental health services?

- ❑ If what's happening in your home seems beyond the problems described above or seems more consistent with the descriptions below, contact your child's pediatrician, the adult's primary care physician, or call the Washington County Crisis Line at (503) 291-9111. The Crisis Line can help with the immediate problems and help make a referral to a mental health agency.
- ❑ Disorientation – dazed, memory loss, inability to give date or time, state where he or she is, recall events of the past 24 hours or understand what is happening.
- ❑ Depression – pervasive feelings of hopelessness and despair, unshakable feelings of worthlessness and inadequacy, withdrawal from others, inability to engage in productive activity.
- ❑ Anxiety – constantly on edge, restless, agitated, inability to sleep, frequent frightening nightmares, flashbacks and intrusive thoughts, obsessive fears of another disaster, thinking all the time about the disaster.
- ❑ Mental illness – hearing voices, seeing visions, delusional thinking, excessive preoccupation with an idea or thought, pronounced pressure of speech.

Where to seek mental health services in Washington County?

1. Contact your child's pediatrician or the adult's primary care physician. The doctor has therapists or clinics they routinely work with and can make appropriate referrals for the child.
2. For Oregon Health Plan adults and children
http://www.co.washington.or.us/deptmts/hhs/adult_mh/m_health.htm#mntlhlth
3. For indigent, uninsured/underinsured adults and children
http://www.co.washington.or.us/deptmts/hhs/adult_mh/m_health.htm#uninsured

Organizations within Oregon dedicated to mental health illness:

1. NAMI Oregon – a grassroots organization dedicated to improving the quality of life for individuals with mental illness and their families through support, education and advocacy. http://www.nami.org/MSTemplate.cfm?Site=NAMI_Oregon
2. Oregon Department of Human Services mental health department
<http://www.oregon.gov/DHS/mentalhealth/index.shtml>
3. For a complete list of mental health services in Oregon, use the Mental Health Services Locator provided by the US National Mental Health Information Center at <http://www.mentalhealth.samhsa.gov/databases/>

Source: US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration Center for Mental Health Services. Field Manual for Mental Health and Human Service Workers in Major Disasters.

Attachment J: Local Health Department Roles and Responsibilities

Local health departments (LHDs) play a very important role in all phases of a pandemic. In the early phases, they may be the first governmental agency notified of an unusual cluster of influenza-like illness (ILI) and will be responsible for coordinating surveillance and sending presumptive influenza samples to the Oregon State Public Health Division (OSPHD).

During a pandemic, LHDs will be responsible for coordinating and running mass prophylaxis clinics, possibly to vaccinate everyone in their county. These mass clinics are enormous undertakings and will require assembling volunteers and isolating the sick from the well. They will also require the coordination of security with law enforcement and resources with the local Emergency Operations Center (EOC).

During all planning and response phases, local health departments and OSPH will need to coordinate on the need for and distribution of resources, and thus all plans and exercises around pandemic flu must be integrated.

Assumptions

- LHDs will have the primary command, response, and coordination role for their counties during a pandemic.
- LHDs will have preparedness coordinators that will write pandemic influenza plans and design and run exercises.
- LHD staff will take all the relevant training for Incident Command System (ICS) and mass prophylaxis.
- LHDs will coordinate all emergency response activities with their local Emergency Manager.
- LHDs will participate in exercises, develop after-action reports, and promote continuous improvement for their plans and exercises.

Objectives

- Ensure coordination between LHDs and OSPHD.
- Provide guidance to LHDs for pandemic flu planning.

Summary of Activities by Pandemic Period

This section describes local health department activities during each pandemic phase (see section 1.2, *World Health Organization Pandemic Phases*).

Interpandemic/Early Pandemic Alert (Phases 1-3)

Planning and Exercising

- Identify key community partners and establish clear channels of communication.
- In collaboration with community partners, develop a pandemic influenza plan detailing how the LHD will respond at the various pandemic phases.
- Review the local pandemic influenza plan with the community.
- Routinely evaluate plans through exercises, assess readiness and address gaps.
- Review legal authorities of the health administrator.

Surveillance

- Perform disease surveillance and community interventions in collaboration with the Acute and Communicable Disease Prevention program (ACDP).

Dispensing medications

- Identify dispensing points for mass immunization and distribution of pharmaceuticals.
- Develop a system to identify priority populations for immunization and pharmaceuticals. Populations who meet anticipated high-risk criteria include health care workers, essential community workers, first responders, and those at high risk due to age or medical condition, including pregnancy.

Communications

- Establish appropriate policies, procedures and mechanisms for risk communications that include all relevant partners.
- Develop communication strategies for at-risk, hard-to-reach populations within the county, and define the infrastructure needed to vaccinate these populations (such as homebound, homeless, poor, uninsured, non-English speaking, immigrants or isolated groups).
- Maintain and routinely test an on-call 24/7 and call-down protocol for sharing information about public health emergencies.
- Cooperate in strategies to assess and inform travelers about pandemic influenza risk, affected areas, prevention, signs/symptoms, and treatment.

Pandemic Alert (Phases 4-5)

Planning

- In cooperation with local EOC, consider implementing an Incident Command System (ICS).
- Compile a specific list of health care workers (including volunteers) and institutions that will administer vaccines if needed.
- Review the availability of personnel, supplies, and materials for infection control and care of influenza patients with local hospitals, clinics, pharmacies and providers.
- With local hospitals, assess their capacity to care for patients with severe respiratory illness.

- Participate in process to determine, communicate, and implement community control measures.

Surveillance

- Perform disease surveillance and community interventions in collaboration with ACDP.

Dispensing medications

- Review the antiviral prophylaxis and treatment recommendations for health care workers and those who provide essential community services.
- Ensure that human resources, equipment, and plans for mass immunization clinics are in place.
- With local hospitals, assess their capacity to care for patients with severe respiratory illness
- Vaccinate high-risk individuals if vaccine is available.

Communications

- Maintain and routinely test an on-call 24/7 and call-down protocol for sharing information about public health emergencies.
- Cooperate in strategies to assess and inform travelers of pandemic influenza.

Pandemic (Phase 6)**Response**

- In cooperation with the local EOC, implement an Incident Command System (ICS).
- Communicate and implement community control measures as decided in Phase 4/5
- Facilitate cooperation among all local involved parties (e.g., government officials, emergency responders, health experts, industry, and the public), including:
 - Help enlist and assign workers and volunteers to staff triage sites, immunization clinics, nontraditional care sites, and essential community service agencies.
 - Work with local hospitals and providers to determine if inpatient medical care in non-traditional settings is needed. If so, help equip and staff these other settings to provide hospital surge capacity.

Surveillance

- Coordinate surveillance activities with ACDP, local hospitals and health care providers.

Dispensing medications

- Coordinate the dispensing of pharmaceuticals and vaccines to the public, if and when available.

Communication

- Inform the community of measures being taken to prevent the spread of pandemic influenza.

- Participate in the statewide Joint Information System.

Active Issues

Issue	Recommendation	Timeline
County and state implementation of Emergency Operations Centers will probably be inconsistent	Countywide and regional exercises focusing on Incident Command System (ICS) coordination and triggers for implementing ICS procedures	By end of 2006
LHD role at international ports of entry to the state needs clarification	Tabletops with Ports and federal agencies (e.g., Customs and Border Protection, CDC, etc.)	Tabletops completed at PDX (11/05) and Sector Portland Coast Guard (10/05); planned for Coastal Ports (June 2006)
LHD / State command needs clarification	Statewide exercises on ICS integration	By end of 2006
Process for deciding upon and implementing community control measures	Tabletop exercises of state and local health department leadership and pertinent elected officials	Ongoing

Tabs

Tab Number	Tab Title	Status	Anticipated Completion Date
J-1	LHD Template for Pandemic Influenza Emergency Plan	Completed	

TAB J-1
LHD TEMPLATE FOR PANDEMIC INFLUENZA
EMERGENCY PLAN

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**Pandemic Influenza
Emergency Plan
Local Health Department Template
November 2006**

Overview

This document provides guidance that local health departments in Oregon may use to develop a pandemic influenza emergency plan. The template is based on the State of Oregon Pandemic Influenza Emergency Plan (Version 3, November 2006;

<http://www.oregon.gov/DHS/ph/acd/flu/oregonfluplan.pdf>).

All counties are required by law to have emergency management plans (ORS 401), and all local health departments (LHDs) have developed public health and medical services annexes to their county plans. This template can be an appendix to the public health and medical services annex.

Emergency plan formats and planning terminology may differ among jurisdictions. LHD preparedness staff need to coordinate development of their pandemic influenza emergency plans with their respective emergency program managers to ensure consistency of language and purpose. Additionally, local jurisdictions should be moving into compliance with provisions of the National Response Plan (NRP) and National Incident Management System (NIMS).

This is not intended to be a "cut-and-paste" template. It is intended to serve as a starting point for developing a plan that meets local requirements. This document must be customized to meet requirements of local emergency response.

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County of _____

**Public Health and Medical Services
Appendix _____
Pandemic Influenza Plan**

**Draft
November 2006**

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1.0 Introduction (Note: Local Health Departments should revise this section to reflect local conditions.)

Local Health Departments (LHDs) play a very important role in all the phases of a pandemic. In the early phases, they may be the first governmental agency notified of an unusual cluster of influenza-like illness (ILI) and will be responsible for coordinating surveillance and sending presumptive influenza samples to the Oregon State Public Health Division (OSPHD).

During a pandemic, LHDs will be responsible for coordinating and running mass prophylaxis clinics, possibly to vaccinate everyone in their jurisdiction. These mass clinics are enormous undertakings and will require the assembly of volunteers and isolation of the well from the sick. They will also require the coordination of security with law enforcement and resources with the local Emergency Operations Center (EOC).

During all planning and response phases, LHDs and OSPHD will coordinate on the need for and distribution of resources, and thus both state and local plans are integrated.

This plan outlines key assumptions, summarizes relevant authorities, explains the local emergency management organization and defines a concept of operations for pandemic influenza preparation and response. Attachments to this plan describe local health department activity such as communication, surveillance and distribution of vaccine and antiviral drugs before, during and after a pandemic. Each attachment includes “tabs” to provide more detailed descriptions of these activities.

Although the term “pandemic” can refer to any disease outbreak that becomes a worldwide epidemic, in this plan the terms “pandemic influenza” and “pandemic” are interchangeable.

1.1 Pandemic Influenza Background

Influenza A, a contagious viral respiratory disease, causes widespread infection in all age groups every year. Pandemics occur intermittently because the virus can change into new subtypes to which humans have no immunity. Influenza pandemics occurred three times in the 20th century (1918, 1957, and 1968); over 20 million deaths occurred worldwide in the 1918 pandemic, while in 1957 and 1968 mortality was much less. Although neither the timing nor the severity of the next pandemic can be predicted, when it occurs people across the globe will be affected nearly concurrently which will limit options to provide mutual aid.

Currently we are in a prolonged influenza A H5N1 panzootic among birds in Asia and Europe. Transmission of the virus to humans has been rare, and there has been little, if any, human-to-human spread. Based on these events, the world is currently in pandemic phase 3, defined by the World Health Organization as the first phase of a pandemic alert (see Table 1 for the definition of the pandemic periods).

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1.2 World Health Organization Pandemic Phases

This plan follows the framework used by the World Health Organization (WHO) to describe the phases of pandemic influenza (see Table 1). Each phase is defined by the frequency and communicability of a new influenza virus in humans.

Table 1: WHO Pandemic Phases

Period	Phase	Definition
Inter-pandemic	1	No new influenza subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If persistent in animals, the risk of human infection or disease is considered to be low.
	2	No new influenza subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.
Pandemic Alert	3	Human infection with a new subtype but no human-to-human or at most rare instances of spread to a close contact.
	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.
	5	Larger cluster(s) but human-to-human spread is still localized, suggesting that the virus is becoming increasingly better adapted to humans but may not yet be fully transmissible (substantial pandemic risk).
Pandemic	6	Increased and sustained transmission in the general population.
Post-pandemic		Recovery, return to the interpandemic period (phase 1).

Mitigation and recovery is included in this emergency response plan and focuses on communication with the public and continued monitoring of possible outbreaks of infection.

2.0 Purpose and Authorities (Note: Local Health Departments should revise this section to reflect local conditions.)

2.1 Purpose

The purpose of the Pandemic Influenza Plan is to lessen the impact of an influenza pandemic on the residents of the County of _____ and the State of Oregon. This plan focuses on elements unique to pandemic flu. Wherever response is typical of response to any communicable disease or other public health emergency, reference will be made to the *County of _____ Emergency Management Plan, Annex _____, Health and Medical Services.*

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This plan outlines the roles and responsibilities of the _____ County LHD in coordinating the public health response to a pandemic with OSPHD, the health care community and other key partners. The Attachments and Tabs provide more details about mitigation, response and recovery. **(Note: Some possible Attachments include: Public Health Communications, Surveillance, Laboratory Diagnostics, Health Care Planning, Vaccine Distribution and Use, Antiviral Drug Distribution and Use, Community Disease Control and Prevention, Behavioral Health Support, Avian Influenza Specifics and Infection Control. The Attachments may have Tabs that include Oregon Influenza Vaccine Prioritization Plan, Influenza Vaccine Standing Orders, Oregon Antiviral Agents and Prioritization Plan, Antiviral Standing Orders and Algorithms, Links to State, Federal, and WHO Influenza Information, Laboratory Protocols, call down lists, standard operating procedures, communications templates, community partners, and ICS position descriptions)**

2.2 Authorities (Note: Local Health Departments should add local resolutions, policies, etc. to the top of this list.)

The complete text of the Oregon Revised Statutes providing authority for this plan can be found in the *Oregon Emergency Management Plan, Annex F, ESF-8 Health and Medical Services, Base Plan*. In addition, specific authorities are stated, where pertinent, in each attachment. Table 2 lists the most relevant state statutes for pandemic influenza planning and response.

Table 2: Oregon Revised Statutes

Oregon Revised Statute	Title
401.015	Statement of policy and purpose (emergencies)
401.035	Responsibility for emergency services systems.
401.045	Interstate Emergency and Disaster Assistance Compact.
401.065	Police powers during state of emergency; suspension of agency rules
401.515	Nonliability for emergency services; exception.
401.654	Registry of emergency health care providers
431.110	General powers of Department of Human Services.
431.120	Duties of Department of Human Services
431.150	Enforcement of health laws generally.
431.170	Enforcing health laws and rules when local officers are delinquent
431.530	Authority of local health administrator in emergency.
431.550	Authority of Department of Human Services to collect information from local public health administrators.
433.019	Procedure to impose public health measure; enforcement
433.022	Taking subject into custody; information to subject; notice to court; court order; duration of custody.
433.035	Examination of certain persons prior to imposition of public health measure.
433.106	Power to impose public health measures.

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433.441	Proclamation of state of impending public health crisis.
448.160	Emergency plans.

Additional authorities related to pandemic incident management system include:

- *National Incident Management System*, U.S. Department of Homeland Security, March 1, 2004
- *State NIMS Integration*, U.S. Department of Homeland Security, Version 1.0

3.0 Situation and Assumptions (Note: Local Health Departments should revise this section to reflect local conditions.)

3.1 Situation (Note: Local Health Departments may customize this table to their respective counties by adjusting the figures to reflect their jurisdiction's proportion of the state's population. Alternatively, using Flu-Aid software from the CDC, estimate the local impact of an influenza pandemic. *Flu-Aid program DHHS website, <http://www.cdc.gov/flu/flusurge.htm>*

EXAMPLE: In an attack rate of 35% over a 12 week period, _____ County would experience approximately _____ deaths and _____ hospitalizations.)

The estimated health impact of the next influenza pandemic on __ County's population (insert number) (based on 2000 census data) depends on the assumptions used. The federal *HHS Pandemic Influenza Plan (2005)* makes estimates for the entire United States using two sets of assumptions: one moderate and one severe. In this plan, the estimates have been modified to be Oregon specific (or County specific) by assuming that 1.3% (__%) of the United States (Oregon) population resides in Oregon (__ County). The two scenarios have the same number of total cases of illness but differ in severity of disease and are compared in Table 3.

This plan is based on the moderate scenario.

Table 3: Health Impacts of Moderate and Severe Influenza Pandemics on Oregon

Characteristic	Moderate Pandemic	Severe Pandemic
Illness	1.17 million	1.17 million
Outpatient	585,000	585,000
Hospitalized	11,245	128,700
Intensive Care	1677	19,305
Ventilator Use	845	9646
Death	2717	24,700

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3.2 Assumptions

This plan makes the following assumptions about LHD response to pandemics:

- LHDs will have the primary command, response, and coordination role for their county during a pandemic.
- LHDs will have preparedness coordinators that will write pandemic influenza plans and design and run exercises.
- LHDs will take all the relevant training for Incident Command System (ICS) and mass prophylaxis.
- LHDs will coordinate all emergency response activities with their local emergency manager.
- LHDs will participate in exercises, develop after action reports, and promote continuous improvement for their plans and exercises.

This plan makes the following assumptions about pandemic influenza:

- A pandemic is a public health emergency with political, social and economic dimensions; it is likely to affect everyone in Oregon.
- The entire population will be at risk of illness from a new subtype of influenza.
- The overall estimated clinical attack rate will be 35%, ranging from 20% among working adults to 40% among school-aged children.
- Of those who become ill, 50% will seek medical care.
- Risk groups for severe infections cannot be completely predicted ahead of time; the elderly, the very young, and the immunocompromised are likely to be at high risk.
- The typical influenza incubation period (the time between acquiring the infection until becoming ill) is two days. This plan assumes the same incubation period for a new strain.
- Persons who become ill may transmit infection for up to one day before the onset of illness.
- In an affected community, a pandemic outbreak will last six to eight weeks. Illness is expected to occur in distinct outbreaks or “waves” separated by weeks to months, lasting up to 18 months.
- The number of hospitalizations and deaths will depend on the virulence of the pandemic virus. Estimates differ about 10-fold between the moderate and severe scenarios.
- Community containment measures will be the principal means of disease control until a vaccine is available.
- _____ County LHD may take actions described in this plan and activate its emergency management organization without the declaration of a local or state health emergency. Depending on the situation, _____ County LHD may activate all or portions of this plan.
- Oregon’s public health system relies on the authority and responsibility of local health departments for public health preparedness and response. State Public Health provides leadership, support and coordination of this effort during a multi-jurisdictional emergency.

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- Planning for the continuity of state and local government and private business operations is an essential component of preparedness. This plan assumes that continuity planning will occur in both the public and private sectors.

The next influenza pandemic will create challenges for public health including the following:

- The timing and severity of the next influenza pandemic is unpredictable.
- Very little time may elapse between the identification of a novel influenza strain and the onset of outbreaks in the United States.
- Outbreaks are expected to occur simultaneously throughout much of the United States, limiting mutual aid of human and material resources that normally occurs with other natural disasters.
- The public health response to influenza will be prolonged, possibly lasting more than a year.
- Vaccine is unlikely to be available at the onset of a pandemic and might not be widely available for many months.
- When vaccine does become available, individuals will probably need two doses, 30 days apart, to achieve optimal protection.
- Certain pharmaceuticals, especially influenza antiviral agents and antibiotics to treat secondary infections, will likely be in short supply.
- Health care workers and other first responders will be at risk of illness, which may further degrade the capacity to care for victims.
- A public unaccustomed to rationing of available resources may present security challenges.

4.0 Concept of Operations (Local Health Departments should revise this section to reflect local conditions.)

This plan is an appendix to the *County of _____ Emergency Management Plan, Annex ____, Public Health and Medical Services*. This annex describes both the relationship of _____ County LHD to the local emergency response structure and the roles and responsibilities of the LHD management and local public health program staff. This section describes any additional or different emergency management structure that _____ County LHD will implement for pandemic influenza preparedness and response under the National Response Plan's Emergency Support Functions, Public Health and Medical Services (ESF 8).

As the local agency primarily responsible for ESF 8 and thus pandemic flu response, _____ County LHD will lead the mitigation, preparedness, response, and recovery activities. The _____ County LHD response to a pandemic will comply with the National Incident Management System (NIMS) provisions. _____ County LHD has primary responsibility for activating the pandemic influenza response at the level appropriate to the specific phase of a pandemic. Within the _____ County LHD, the structure of the response organization will include the Health Administrator, the Public Health Officer, the Department Operations

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Center (DOC), and various local public health program staff, as appropriate. **[Note: Reference here to an Incident Command organizational chart for the LHD or local jurisdiction may be appropriate.]**

The _____ County LHD will establish an Incident Command System that complies with the National Response Plan (NRP) and National Incident Management System (NIMS). Because a pandemic will be worldwide in scope, cross-jurisdictional coordination using processes and systems described in the NIMS will be critical to an effective response.

As part of writing this plan, each LHD should:

1. Identify who will be administrative and medical decision makers during the pandemic.
2. Meet with local stakeholders and review major elements of the local pandemic plan.
3. Decide on the triggers that will determine when this and other local emergency will be implemented.
4. Develop a plan to close and re-open schools, businesses and other public events.
5. Develop a plan to educate the public prior to the onset of the pandemic.
6. Develop standard operating procedures (SOPs) for essential functions.

4.1 Operational Priorities

The operational priorities for the _____ County LHD in response to a potential pandemic are:

As guidance, OSPHD operational priorities are bulleted below. Each county will need to establish their own operational priorities.

- Ensure rapid detection of a novel influenza virus by laboratory testing.
- If disease is limited, identify the exposure source and protect the population at risk.
- Slow the spread of influenza through medical and community containment strategies.
- Disseminate accurate information for scientific, resource, and policy decisions in public health and health care delivery settings.
- Disseminate accurate information to enlist public support and enable personal, community, and business-based preparedness and response.
- Track influenza deaths and hospitalizations to identify high-risk groups.
- Coordinate local activities with state and federal public health partners.
- Support the medical and health care response.

Staff in all LHD programs may be mobilized during an emergency to fill incident management positions and perform duties outside their normal roles.

WHO will designate the global pandemic phase as outlined in Section 1.2. The CDC, in coordination with the WHO, will designate the U.S. pandemic phase, which will be the

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basis for state and local public health activities. Operational priorities will change with the different pandemic phases and as new information becomes available; top priorities by phase are summarized in the following table.

Table 4: LHD Priorities by Pandemic Period

Period	Operational Priorities
Inter-pandemic (Phases 1 and 2)	
Pandemic Alert (Phases 3, 4, & 5)	
Pandemic (Phase 6)	
Post-pandemic	

LHD Priorities by Pandemic Phase

Interpandemic Period (phases 1-2) and Phase 3 of the Pandemic Alert Period

Below are some ideas to consider when preparing this section. Each county will need to establish their own priorities.

Planning and Exercising:

- Identify key community partners and establish clear channels of communication.
- In collaboration with community partners, develop a pandemic influenza plan detailing how the LHD will respond at the various WHO phases.
- Review the local pandemic influenza plan with the community.
- Routinely evaluate plans through exercises, assess readiness, and address gaps.
- Review legal authorities of the health administrator.

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Surveillance:

- Perform disease surveillance and community interventions in collaboration with the Department of Health Services Acute and Communicable Disease Program (ACDP).

Dispensing medications:

- Identify dispensing points for mass immunization and distribution of pharmaceuticals
- Develop a system to identify priority populations for immunization and pharmaceuticals who meet anticipated high-risk criteria including healthcare workers, essential community workers, first responders, and those at high risk by age or medical condition, including pregnancy.

Communications:

- Establish appropriate policies, procedures and mechanisms for risk communications that include all relevant partners.
- Develop communication strategies for at-risk, hard-to-reach populations within the county and define infrastructure needed to vaccinate these populations (such as homebound, homeless, poor, uninsured, non English speaking, immigrants or isolated groups).
- Maintain and test routinely an on-call 24/7 and call-down protocol for sharing information about public health emergencies.
- Cooperate in strategies to assess and inform travelers of pandemic influenza.

6.2 Pandemic Alert Period (phases 4-5)

Planning:

- In cooperation with the local Emergency Operations Center (EOC), consider implementing an Incident Command System.
- Compile a specific list of healthcare workers (including volunteers) and institutions that will administer vaccines if needed.
- Review the availability of personnel, supplies, and materials for infection control and care of influenza patients with local hospitals, clinics, pharmacies, and providers.
- With local hospitals, assess their capacity of to care for severe respiratory illness.

Surveillance:

- Perform disease surveillance and community interventions in collaboration with DHS ACDP

Dispensing medications:

- Review the antiviral prophylaxis and treatment recommendations for health care workers and those who provide essential community services.
- Ensure that human resources, equipment and plans for mass immunization clinics are in place.
- With local hospitals, assess their capacity of to care for severe respiratory illness
- Vaccinate high-risk individuals if vaccine is available.

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Communications:

- Maintain and test routinely an on-call 24/7 and call-down protocol for sharing information about public health emergencies.
- Cooperate in strategies to assess and inform travelers of pandemic influenza.

Pandemic Period - Phase 6

Response:

- In cooperation with local EOC, implement an Incident Command System.
- Help to facilitate cooperation among all local involved parties (e.g., government officials, emergency responders, health experts, industry, and the public), including:
 - Help enlist and assign workers and volunteers to staff triage sites, immunization clinics, nontraditional care sites, and essential community service agencies
 - Work with local hospitals and providers to determine if in-patient medical care in non-traditional settings is needed. If so, help equip and staff these other settings to provide hospital surge capacity.
- Isolate symptomatic patients and quarantine exposed individuals.

Surveillance:

- Coordinate surveillance activities with DHS Acute and Communicable Disease Program, local hospitals and health care providers.

Dispensing medications:

- Coordinate the dispensing of pharmaceuticals and vaccines to the public, if and when available.

Communication:

- Inform the community of measures being taken to prevent the spread of pandemic influenza.
- Participate in the statewide Joint Information Center.

4.2 Emergency Response Notification and DOC Activation Procedures

For guidance, below are some ideas to consider when preparing this section. Each county will need to establish their own triggers for notification and DOC activation.

- The first human case of novel influenza virus disease in Oregon will likely be detected by clinical evaluation and laboratory testing of a patient with a febrile respiratory illness.
- Up-to-date case definitions and criteria for testing will be distributed to clinicians and health care facilities through established channels (CD Summary, the Health Alert Network, fax alert system) as the global situation evolves.
- Either the first detection of laboratory-confirmed novel influenza virus human infection anywhere in the United States or evidence of sustained human-to-human

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transmission anywhere in the world (WHO pandemic phase 5) or _____ will trigger the activation of the relevant components of the _____ County LHD emergency management organization.

4.3 Local Health Department Operations Center (DOC)

The DOC provides the physical location and equipment for LHD staff to coordinate public health emergency activities. The DOC will:

- Request needed public health and medical personnel, medical supplies, pharmaceuticals and equipment through the county Emergency Operations Center.
- Coordinate disease surveillance, communication, and _____.
- In coordination with the Oregon State Public Health Division, ensure information flow to:
 - The local emergency management organization
 - Tribal governments
 - Health care organizations
 - Providers of medical care, medical facilities, and medical suppliers
- Others??

The _____ Public Safety Answering Point (9-1-1 dispatch center), which is managed by _____, will be notified when the local EOC is activated. The LHD Administrator or designee, in consultation with the local Incident Commander will determine the level of activation of the DOC.

5.0 Roles and Responsibilities (Note: Local Health Departments should revise this section to reflect local conditions.)

This section outlines the roles and responsibilities of the federal, state, and local agencies involved in the pandemic flu preparedness and response.

5.1 Local Health Departments

The local health departments are responsible for “on the ground” work including the following tasks:

- Provide disease surveillance and community interventions in collaboration with OSPHD.
- Coordinate the dispensing of pharmaceuticals and vaccines to the public.
- Facilitate cooperation among all local involved parties (e.g., government officials, emergency responders, health experts, business, industry and the public).
- Implement community control measures.
- Others??

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The local health departments will contact the state Emergency Coordination Center (ECC) through the department's county Emergency Operations Center when they need additional resources. The ECC will then contact the OSPHD Agency Operations Center.

5.2 Federal

Agencies of the U.S. Department of Health and Human Services (HHS) have assumed primary responsibility for a number of key elements of the national pandemic influenza plan, including:

- Coordinating national and international surveillance, monitoring health impacts, and providing laboratory support.
- Directing and funding research on influenza virus, vaccine and antivirals.
- Evaluating, licensing and providing liability programs for vaccine.
- Developing a national clearinghouse for vaccine availability, distribution, and redistribution.
- Leading communication with states and other public health agencies.
- Providing legal advice and policy guidance on pandemic response activities.

The many other federal roles in pandemic response are outlined in the *HHS Pandemic Influenza Plan*, page 26 (<http://www.hhs.gov/pandemicflu/plan/>).

5.3 Oregon State Public Health Division

The Governor will lead the Oregon response, and OSPHD will staff the ESF 8 incident command positions (see *Annex F, Functional Appendix 3.1*). **A Unified Command of state and local health departments will make health policy recommendations to the Governor.**

Specific state responsibilities to prepare for, respond to, and recover from an influenza pandemic include the following:

- Support LHD activities.
- Monitor and distribute information from the WHO and the CDC.
- Make and disseminate disease reporting requirements.
- Lead and coordinate influenza surveillance in cooperation with local health departments, hospitals and health care systems.
- Provide influenza laboratory testing.
- Manage and distribute vaccines and pharmaceuticals to local health departments as necessary through routine DHS Immunization Program procedures and the Strategic National Stockpile Plan.
- Develop and publicize vaccine use guidelines.
- Create and maintain messages and information for the news media, the public, health care workers and other partners.
- Develop public health surge capacity and training.
- Develop and disseminate recommendations for community control in collaboration with Oregon local health departments and the CDC.

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The state roles in pandemic response are outlined in the *OSPHD Pandemic Influenza Plan* (<http://www.oregon.gov/DHS/ph/acd/flu/oregonfluplan.pdf>).

5.4 Hospitals and Health Care Systems

Health care facilities will be stressed during an influenza pandemic of any severity. Public health at all levels will assist health care providers and facilities to maximize access of the population to quality health care. Hospitals and health care systems are expected to perform the following tasks:

- Develop planning and decision-making structures for pandemic influenza and other disasters.
- Develop plans for surge capacity and business continuity during an influenza pandemic.
- Ensure proposed disease reporting requirements can be fulfilled using automated methods whenever possible.
- Have plans for contacting local health departments to request supplies and other assistance when needed.
- Deliver state controlled antiviral drugs to hospitalized influenza patients.
- Ensure antiviral treatment of ill health care workers who have direct patient care responsibility.
- Ensure that employees in high priority groups receive vaccine when it becomes available.
- Find and manage alternative care sites???

6.0 Pandemic Response Elements Overview (Note: Local Health Departments should revise this section to reflect local conditions)

Local health department activities to prepare for, respond to, and recover from an influenza pandemic may be summarized in attachments to this plan and further detailed in "tabs" to each attachment. The following sections give a brief overview of potential attachments.

6.1 Public Health Communications

Timely, accurate, consistent and seamless communication with the public and among the various partners who will play a role in responding to a pandemic influenza outbreak is essential to protecting the lives of Oregon's citizens. This attachment describes LHD plans to establish communication with state public health, health care providers, and other partners through the Joint Information System.

Because public trust is essential to containing the spread of a pandemic, tabs to this attachment may provide key messages, FAQs, fact sheets, and other information for distribution to the public.

Some item to consider for the Attachment:

DRAFT

1. Develop a communication plan with local emergency management and hospitals in the county.
2. Develop a list of local media contact names and numbers.
3. Develop a method to post current information on LHD or municipal websites to deliver current information to the public.
4. Provide vaccine availability information and clinic schedules throughout the county.
5. Provide information in alternate languages and coordinate the message with health care providers. Create recorded messages in alternate languages and post multi-lingual messages on the county website.
6. Develop a 24/7 call down list.
7. Develop an internal plan on how to distribute information from the State to appropriate LHD staff.
8. Develop plans for communicating with special populations.
9. Advertise that only those that are high-risk will receive vaccine if supplies are limited.
10. Distribute fact sheets on vaccine, its side effects, and the use of antivirals, managing flu symptoms, and treatment recommendations.
11. Alert public about traveling to affected areas.
12. Communicate with airport, train and bus line officials and request traveler screening from effected locations.
13. Designate spokespeople to work in conjunction with local emergency management, elected officials, and hospitals.
14. Educate the public on disease prevention.
15. Create a flu hotline to answer questions.
16. Communicate allocation and reallocation of antivirals and vaccine.
17. Ensure media briefings are held regularly, as necessary.
18. Prepare referral information and advise regarding off-site clinic locations set up in the event the health care system is overwhelmed.
19. Determine if a local JIC will be opened at the local EOC. If so, media relations can occur at the local JIC.
20. Participate in the OSPHD Joint Information System.

6.2 Surveillance

Surveillance for new subtypes of influenza will determine the start and end of an influenza pandemic in Oregon and will help define groups at high risk for complications. Prompt detection of the first cases of a new influenza subtype may provide opportunities to slow the spread even if the pandemic cannot be prevented.

This attachment describes LHD plans to detect the arrival of a pandemic influenza subtype in Oregon and to monitor the spread of the pandemic. These plans will require hospitals to implement new reporting requirements. State and local public health will provide technical assistance as described in this attachment.

Some items to consider in this Attachment:

DRAFT

1. Activate enhanced surveillance to detect influenza among travelers coming from areas where a novel influenza virus strain has been detected.
2. Develop a mechanism to alert health care providers.
3. Coordinate laboratory testing with local physicians. Enhance clinical specimen collection to “rule-out” influenza.
4. Notify physicians of the geographic origin of potential cases, clinical symptoms, diagnosis, treatment and prophylaxis.
5. Divert surveillance personnel to higher priority mitigation efforts.
6. Monitor state surveillance indicating possible shifts in demographics of cases.
7. Adjust definition of high-risk population as appropriate based on state surveillance.
8. Determine if there are any demographic characteristics that should be added to _____ County’s high-risk population category during the pandemic.
9. During the pandemic, request weekly reporting of case counts from hospital, and other medical groups.

6.3 Health Care Planning

Hospitals and health care systems will provide a key role in detecting and treating pandemic influenza. This attachment focuses on those areas in which the LHD will have a direct role interacting with hospitals before and during a pandemic. It describes LHD plans for incident command and communication and emphasizes the key role of hospitals in surveillance and distribution of vaccine and antiviral agents. It also describes the distribution of training materials about pandemic influenza to hospital employees.

Some items to consider in this Attachment:

1. Encourage a higher percentage of critical health care service providers to be vaccinated.
2. Develop and maintain an inventory of voluntary emergency medical personnel and supplies.
3. Encourage providers of essential services to maintain lists of potential volunteers to replace sick workers.
4. Develop a mass fatality disaster plan.
5. Participate in mass fatality disaster exercises.
6. Work with hospitals to access volunteers to replace sick staff members.
7. Assist in setting up triage clinics for ambulatory patients to help relieve the load on the Emergency Departments and physician’s offices.
8. Facilitate social services for ill home-bound people.

6.4 Vaccine Distribution and Use (This section can provide a reference to the LHD Strategic National Stockpile plan for setting up points of dispensing.)

Vaccination is the basis of influenza prevention during routine seasons. During a pandemic, vaccine for a novel virus is unlikely to be available for 3-6 months after the virus strain is identified, and once a vaccine is in production, the early supply will not be adequate. This attachment outlines LHD activities around vaccine distribution and prioritization.

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Some items to consider in this Attachment:

1. Review vaccination plan and list of volunteers trained for working in vaccination clinics.
2. Vaccinate all critical health and safety service providers if vaccine is available.
3. Publicize the importance of flu and pneumococcal vaccination among the elderly, immuno-compromised, and other high-risk populations.
4. Develop, practice and implement a mass-vaccination plan. Hold vaccination clinics in locations and at times that will encourage maximum use.
5. Identify the location of vaccine. Coordinate delivery of vaccine with the health care community.
6. Work with CDC and the state to determine which groups are at high risk and use public information systems to inform these groups of the need to be vaccinated as well as where and when.
7. Advise local health care providers to restrict vaccination to those in the high-risk groups.
8. Train additional vaccine administrators.

6.5 Antiviral Drug Distribution and Use (This section can provide a reference to the LHD Strategic National Stockpile plan for setting up points of dispensing.)

Because an effective vaccine is not expected to be available at the onset of an influenza pandemic, prophylaxis or treatment with antiviral agents will be one of the few potential strategies to decrease complications and limit transmission. Only one agent, oseltamivir (Tamiflu) is available in the Strategic National Stockpile. The HHS pandemic influenza plan recommends 11 different priority groups for antiviral use and provides guidance on the current and anticipated future amounts of oseltamivir in the SNS. This attachment projects how the amount of oseltamivir available to __ County would be used in the event of a pandemic and how it would be prioritized and distributed. Additionally, LHDs can develop plans for clinics for administration of antivirals if the health care community is overwhelmed and there are sufficient supplies of these medications.

6.6 Community Disease Control and Prevention

During the early stages of an influenza pandemic, public health measures, such as isolation, quarantine, or closing of public places, may be the only means available to slow the spread of disease and allow additional time for the development of vaccines and the distribution and administration of antiviral medications. This attachment, if deemed necessary by the LHD, describes LHD plans for creating and disseminating public health measures to control the spread of the pandemic.

Some items to consider in this Attachment:

1. Meet with critical service providers and coordinate actions to be taken in response to pandemic.
2. Develop recommendations for government, public and private schools, and university and college officials to cancel events and school.

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3. Establish a clear understanding of the public health officers legal authority to quarantine, and to limit mass gatherings, including closing schools.
4. Establish a clear understanding of the county veterinarian/public health officer's legal authority to control influenza in animal or bird populations.
5. Communicate with community leaders to emphasize community wide infection control measures (school and day care facilities closings, limited public gatherings).
6. Make educational materials about reducing the risk of transmission available to the public.
7. Provide advice to nursing homes, prisons, etc. on additional infection control guidelines.

6.7 Managing Travel-Related Risk of Disease Transmission

Screening international and domestic travelers may slow the spread of influenza. This attachment, if deemed necessary by the LHD, describes how the LHD will coordinate with state public health and local partners to develop and implement travel-related strategies to limit the spread of pandemic influenza into or out of Oregon.

6.8 Behavioral Health Support

During times of high stress, such as during an influenza pandemic, it is important to provide behavioral health support services to both the work force responding to the pandemic and to the general public, including people in isolation and quarantine.

This attachment, or a reference to an LHD behavioral health plan, describes behavioral health support services to help health care and response workers manage emotional stress during the response to an influenza pandemic and resolve related personal, professional, and family issues. It also describes the plans to prepare and distribute informational materials for employees and their families and the development of programs to assist the families of deployed workers.

7.0 Training and Exercises (Local Health Departments should revise this section to reflect local conditions.)

The OSPHD Strategic Preparedness Training Plan identifies LHD priority trainings that will be important to pandemic influenza response including epidemiology surge capacity, crisis and emergency risk communications, Laboratory Response Network, public health law, etc. The complex nature of pandemic planning will require a series of on-going exercises to maintain proper readiness.

Some items to consider in this section:

1. Incorporate pandemic influenza response exercises in the LHD emergency exercise program.
2. Provide critical public health and safety training based on the OSPHD Strategic Preparedness Training Plan.
3. Coordinate training on vaccine administration for qualified volunteers.

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8.0 Special Populations (Local Health Departments should revise this section to reflect local conditions.)

Pandemic influenza may adversely impact people who live in institutions such as hospitals, assisted living facilities and jails, for example. Additional planning efforts by these institutions will be necessary. The characteristics of the influenza outbreak may also require additional preparedness and response actions for certain segments of the population.

9.0 Plan Maintenance (Local Health Departments should revise this section to reflect local conditions.)

This plan will be reviewed annually in October, prior to the start of the influenza season. The plan will also be reviewed as required by lessons learned during emergency exercises, state public health organizational change, revisions in federal or state planning guidance or as events warrant.

10.0 Glossary and Acronyms – see OSPHD plan (Local Health Departments should revise this section to reflect local conditions.)

Attachment K: Infection Control

This attachment is the federal *HSS Pandemic Influenza Plan, Supplement 4, Infection Control*, which Oregon is adopting in full to promote national consistency on this topic.

Supplement 4 can be found on the HHS Web site:

www.hhs.gov/pandemicflu/plan/pdf/S04.pdf

It can also be found as a link on the Oregon DHS Web site:

oregon.gov/DHS/ph/acd/flu/panflu.shtml.

Attachment L: Clinical Guidelines

This attachment is the federal *HSS Pandemic Influenza Plan, Supplement 5, Clinical Guidelines*, which Oregon is adopting in full to promote national consistency on this topic.

Supplement 5 can be found on the HHS Web site:

www.hhs.gov/pandemicflu/plan/pdf/S05.pdf

It can also be found as a link on the Oregon DHS Web site:

oregon.gov/DHS/ph/acd/flu/panflu.shtml.

