



ANNEX G (STATE, LOCAL, TERRITORIAL AND TRIBAL SUPPORT)

1. SITUATION

- a. The Influenza Pandemic Threat: Refer to Annex B (Disease Intelligence).
- b. Mission and Intent of Higher and Supporting Organizations: Refer to the Base OPLAN.
- c. Environment: Refer to Annex B (Disease Intelligence).

2. MISSION.

CDC supports State, local, territorial, and tribal (SLTT) organizations' public health sector preparedness activities for influenza pandemic and collaborates with public health and healthcare partners to implement plans in order to slow transmission and reduce the impact of the pandemic.

3. EXECUTION

a. Concept of Operations.

CDC/Federal support to SLTT governments can be brought to bear during the initial response to contain the first U. S. cases. However, with a severe influenza pandemic, existing surge capacity will not be sufficient and will strain or overwhelm SLTT capabilities. As a result, many SLTT organizations may see significant mortality and potential medical capacity limitations, especially staffed hospital beds. This shortfall in hospital-level care may result in the following:

- 1) Levels of care may need to be adjusted in order to treat as many patients as possible.
- 2) Home care services may become necessary as an effective means of providing care to numerous affected patients.
- 3) Community-based, non-pharmaceutical interventions could be the key for successful outcomes when considering an influenza pandemic.

These interventions may delay disease transmission and outbreak peak by employing a variety of case, population, and personal-based intervention strategies. Refer to Appendix 3, (Community Intervention), Annex F. These measures could assist in decreasing the peak





burden on the healthcare infrastructure and diminish the overall numbers of cases. However, these actions will most likely significantly increase absenteeism throughout the workforce. SLTT organizations, in collaboration with CCID, will plan and prepare to implement these measures immediately. Modeling has shown that sustaining these actions for long periods of time (length of time depends on virulence of the virus) are crucial to success.

CDC will respond with non-medical support by providing financial assistance (see details in Pandemic Influenza Guidance Supplement to the 2006 Public Health Emergency Preparedness Cooperative Agreement Phase II, dated July 10, 2006) and information technology resources and expertise to build readiness and situational awareness for influenza pandemic among SLTT partners. CDC will also provide technical assistance and guidance during a national influenza pandemic response. For example, CDC will assist SLTT partners in coordinating their surveillance, laboratory, epidemiology, risk communications, case management, contact management, pharmaceutical and non-pharmaceutical countermeasure administration, and adverse events tracking activities to directly reduce disease burden while maximizing SLTT and national situational awareness to guarantee optimal decision making.

b. Tasks to Supporting Organizations.

1) Inter-Pandemic Period: (WHO Phases 1-2; USG Stage 0)

a) COTPER:

- (1) Coordinate CDC's SLTT preparedness efforts by developing checklists for SLTT use and assisting with plan development through financial assistance and guidance.
- (2) Provide guidance and instructional materials to support a process by which SLTT officials might improve their efforts to reach all populations, including racial or ethnic minorities and other special populations, in day-to-day communication and during crisis or emergency situations. Refer to Public Health Workbook to Define, Locate, and Reach Special, Vulnerable, and At-Risk Populations in an Emergency (Draft) at <http://www.bt.cdc.gov/workbook/>.





- (3) Collaborate with CDC's OMHD and CAMICC, HHS/OS, OMH, State offices of minority health, and tribal boards of health to develop and exercise health strategies, policies, goals, and programs to mitigate the adverse consequences of an influenza pandemic in disadvantaged communities defined by race/ethnicity, gender, socioeconomic status, geography, disability status, and other social determinates of health.
- (4) Provide technical assistance to SLTT public health departments regarding pandemic influenza tabletop exercises, and encourage participation of all key stakeholders.
- (5) Help determine the national medical countermeasure requirements to ensure the sustained functioning of medical, emergency response, and other front-line organizations.
- (6) Encourage SLTT governments to take advantage of Federally-subsidized antiviral purchasing arrangements.
- (7) Encourage SLTT governments to apply for all grants providing funding for influenza pandemic planning.

b) OSEP:

Encourage SLTT entities to ensure planning partners and stakeholders adequately address law enforcement and public safety preparedness for activities arising from the impacts of an influenza pandemic. Coordinate the Humanitarian Assistance Program (HAP) for the CDC staff.

2) Pandemic Alert Period: (WHO Phases 3-5; USG Stages 0-2)

a) COTPER:

Establish and publish procedures for SLTTs to obtain antiviral drugs and vaccines.

b) CCID:

- (1) Ensure that SLTT partners have sufficient public health surveillance capacity to detect early cases and track the progression of influenza pandemic.





- (2) Ensure that LRN laboratories have sufficient training and materials (to include reagents) to confirm initial cases of pandemic influenza at SLTT levels.
 - (3) Ensure that SLTT jurisdictions containing U. S. ports of entry are prepared to assist with treatment, transport, and sheltering of ill/exposed travelers entering the United States from affected areas.
 - (4) Advise SLTT partners on pertinent information to collect during initial case/cluster investigation of human cases.
- c) **JIC:**
Continue to coordinate development and delivery of risk communication messages.
- d) **CCEHIP:**
- (1) Develop and provide risk communication, community involvement and health education/promotion support for diverse populations, and develop provisions for vulnerable and difficult to access populations.
 - (2) Assist in the collection, analysis, and dissemination of information and conduct any general environmental or public health data analysis.
- e) **CCHP:**
Assist in the identification and execution of strategies to mitigate consequences of absenteeism and social distancing measures.
- f) **OMHD:**
In concert with SLTT agencies, monitor pandemic response efforts in special, vulnerable, and at-risk populations, and execute strategies to remove barriers to response or mitigate stigmatization of population groups should any of these conditions develop.
- g) **OSEP:**
Provide classified disease intelligence to support CDC's domestic influenza pandemic response.





h) CCHIS:

In coordination with CCID, coordinate activities to strengthen national surveillance systems with SLTT partners to ensure early detection of pandemic influenza in U. S. communities and track its course during multiple waves of a pandemic.

- (1) In coordination with CCID/COTPER, develop/acquire information systems that support access to real-time information about location, chain of custody, and distribution channels of vaccines, antiviral drugs, and other tangible countermeasures from the manufacturer to the consumer.
- (2) Ensure systems are available at SLTT to support patient-level information that is generated at the point of administration or distribution of pharmaceutical countermeasures.
- (3) Ensure that point of service information can be collected and used for several purposes including call backs for second doses of vaccine, general countermeasure utilization assessments, and linkage to vaccine or antiviral adverse events.

3) Pandemic Period: (WHO Phase 6; USG Stages 3-6)

a) OSEP:

Incorporate threat, resource utilization, and intervention implementation information from SLTT partners throughout the country to maintain daily situational awareness for CDC.

b) COTPER:

Deploy SNS assets to assist SLTT authorities, on order, as directed by HHS/OS.

c) CCHIS:

In partnership with SLTT, coordinate the development and distribution of risk communication messages.

d) CCEHIP:

In coordination with SLTT, provide guidance on psychosocial support for diverse populations and develop provisions for vulnerable and difficult to access populations.





e) **CCHP:**

In coordination with SLTT, execute strategies to mitigate consequences of absenteeism and social distancing measures.

c. **Recommendations and Requests for SLTT Organizations.**

All local jurisdictions should be equipped, trained, exercised, and ready to employ:

- 1) Risk communication plans.
- 2) Surveillance systems for early detection and ongoing situational awareness.
- 3) Laboratory systems for rapid diagnosis and case confirmation.
- 4) Case management techniques to isolate and treat infected persons.
- 5) Contact management techniques to quarantine and prophylaxis contacts.
- 6) Non-pharmaceutical interventions that are effective in slowing or stopping chains of transmission.
- 7) Mass distribution of antiviral drugs to priority groups.
- 8) Mass administration of pre-pandemic and pandemic vaccines to priority groups.
- 9) Surveillance systems to monitor adverse events associated with antiviral drugs, pre-pandemic vaccine, or pandemic vaccine.
- 10) Combinations of case-based, community-based, and personal-based interventions in a coordinated containment effort to stop or delay early chains of transmission in communities. Refer to Appendix 3 (Community Intervention), Annex F.
- 11) Grantees should fulfill responsibilities described in CDC Cooperative Agreements for Public Health Emergency Preparedness and Bioterrorism Preparedness.

d. **Coordinating Instructions.**

- 1) "A Guide for Preparedness," Version 10 – Draft provides guidance for preparation for the receipt, distribution, and dispensing of SNS assets. To request a current copy of the "Receiving, Distributing and Dispensing National Stockpile Assets, A Guide for Preparedness" email the CDC Division of Strategic National Stockpile, Program Preparedness Branch at SNS_PPB@cdc.gov.





- 2) An extremely useful preparedness checklist for SLTT can be found at: <http://www.pandemicflu.gov/plan/statelocalchecklist.html>.
- 3) Cooperative Agreement Guidance for Public Health Emergency Preparedness:
The purpose of this program is to upgrade and integrate SLTT public health jurisdictions' preparedness for, and response to, terrorism and other public health emergencies with Federal and SLTT governments, the private sector, and Non-Governmental Organizations (NGOs). These emergency preparedness and response efforts are intended to support the National Response Plan (NRP) and the National Incident Management System (NIMS). A web site dedicated to cooperative agreements can be found at:
<http://www.bt.cdc.gov/planning/guidance05/#guidance>.

4. SUPPORT SERVICES

Refer to the Base OPLAN and Annex I (Support Services).

5. MANAGEMENT AND COMMUNICATIONS

Refer to the Base OPLAN. and Annex K (Information Management).

