



EXECUTIVE SUMMARY

Influenza viruses have threatened the health of animal and human populations for centuries. Their diversity and propensity for mutation have thwarted our efforts to develop both a universal vaccine and highly effective antiviral drugs. A pandemic occurs when a novel strain of influenza virus emerges that has the ability to infect and be passed efficiently between humans. Because humans have little immunity to the new virus, a worldwide epidemic, or pandemic, can ensue. Once a pandemic begins, it cannot be stopped easily. However, it can be slowed, giving the U. S. time to prepare and/or time to develop and distribute antiviral drugs, vaccines and other countermeasures to mitigate the effects of a pandemic. The pandemic threat we now face is a new influenza strain, the Influenza A (H5N1). It is currently spreading throughout bird populations across Asia, Africa, and Europe, infecting domesticated birds, including ducks, chickens, and long-range migratory birds. Since late 2003 this virus has infected over 340 people in the Eastern Hemisphere with a mortality rate of over 62 per cent. Thus far, human-to-human transmission has been limited.

This Executive Summary describes the Centers for Disease Control and Prevention (CDC) Influenza Pandemic Operation Plan (OPLAN), a plan that delineates how CDC, as a subordinate operating division (OPDIV) of the Department of Health and Human Services (HHS), will prepare for and fight this potentially devastating outbreak of infectious disease for our nation, and the world.

Information provided in this OPLAN is intended as directive guidance for subordinate CDC organizations but will assist responsible individuals and others at all levels outside CDC to understand operational planning. All OPLANS need to be comprehensive enough to be used as guides for day-to-day operations, once an influenza pandemic appears anywhere in the world. This OPLAN is designed to allow the planners at every level within CDC to gain insights into “what” actions need to be taken in preparing for an influenza pandemic. The “how” to carry out these actions is left for the Subject Matter Experts (SMEs) selected to review and take actions articulated in this plan. Only the SMEs have the scientific and technical expertise necessary to determine all the actions and steps necessary to mitigate the deadly effects of an influenza pandemic. CDC’s myriad tasks outlined in this OPLAN are simply a starting point for the tremendous effort needed for a successful response to prevent the devastating global effects of a 1918-1919 like pandemic.





The OPLAN is divided into 5 paragraphs with 15 annexes containing information necessary for detailed planning, preparedness and response to an influenza pandemic.

PARAGRAPH 1. SITUATION describes the current worldwide influenza situation and provides descriptions of previous pandemics that killed millions of people globally. As philosopher George Santayana once said, “Those who cannot remember the past are condemned to repeat it.” This paragraph also lists the Director’s planning assumptions that were necessary in order to write the plan.

CDC ASSUMPTIONS.

1. The initial responsibility for a domestic pandemic response rests with State, local, territorial, and tribal (SLTT) authorities.
2. A pandemic will increase the likelihood of sudden and potentially significant gaps in public services and safety.
3. A severe pandemic will overwhelm existing healthcare capacities in the U.S. and result in a large number of deaths.
4. The CDC Director can increase the response posture of the Director’s Emergency Operations Center (DEOC) at any time. For planning purposes it is assumed it will be manned at the “Alert Mode” upon declaration of World Health Organization (WHO) Phase 4 and United States Government (USG) Stage 2.
5. Under certain scenarios included within WHO Phases 4 - 6 (USG Stages 2-6), some of the usual functions and activities within CDC will be significantly reduced or ceased in order to permit a “surge” to accomplish CDC’s essential pandemic functions and public health responsibilities and, within organizational capabilities, to support critical SLTT public health functions.
6. Containment allocations of antiviral drugs may be pre-deployed to international locations or staged and stored in the United States. Up to 5% of the SNS total will be earmarked for international containment and shipped, as directed, by HHS/CDC.





7. Increased public anxiety will cause increased psychogenic and stress-related illness compounding the strain on health facilities.
8. A significant number of non-citizens as well as uninsured U. S. citizens will require medical and public health intervention.
9. Public Health Service (PHS) commissioned corps personnel serving in critical CDC positions will remain assigned and available to CDC during an influenza pandemic.
10. PHS commissioned corps personnel from other HHS agencies will be available to reinforce CDC's capability under ESF #8 to provide public health services.

PARAGRAPH 2. The CDC MISSION is to immediately detect the onset of outbreaks with influenza pandemic potential; assist the containment of such outbreaks; delay the introduction and transmission of pandemic viruses in the United States; and assist SLTT health authorities in the management of an influenza pandemic event.

PARAGRAPH 3. EXECUTION describes the Director's intent (included below), which is the CDC Director's vision and how outcomes are to be measured. Concept of the Operation explains the conditions under which the plan was written. This OPLAN was written using the World Health Organization's (WHO) periods and phases, overlaid on the United States stages developed by the Homeland Security Council (HSC). Actions assigned to CDC by HHS from the HSC Implementation Plan are assigned to the appropriate CC/CO or NIOSH. Critical tasks, derived from actions assigned by HSC and HHS or from CDC's own mission analysis, are arranged by WHO periods and phases as well as the U.S. stages indicating what must be accomplished during each of the periods ending with the pandemic.

DIRECTOR'S INTENT

"Influenza pandemic has the potential to represent the worst-case scenario of any public health emergency. The influenza pandemic, which occurred in 1918-1919, demonstrated that influenza could kill millions of people world-wide, cause societal disruption on an unprecedented scale,





and disrupt economies. Despite medical and technological advances since 1918, increased global population size and movement suggest that new pandemics could cause similar effects. My intent is to use this operations plan to provide direction and guidance to CDC organizations to help the United States Government and the Department of Health and Human Services prepare, mitigate, respond to, and recover from a public health emergency of this magnitude. I intend to use the entire spectrum of resources available to the Centers for Disease Control and Prevention (CDC) as necessary. CDC will operate under the National Incident Management System and will coordinate with international, Federal and State partners to ensure a rapid and coordinated response. I consider the indicators of success to be: 1) early recognition and reporting of a human outbreak through the use of global and domestic disease surveillance resources; 2) rapid assistance with the necessary resources and actions to contain outbreaks and reduce and delay further spread of the disease; 3) when available, the adequate and successful provision of vaccine to provide prophylaxis to at risk populations; 4) the adequate and successful provision of antiviral medications to treat affected populations. As the director, I remain wholly and fully committed to the health and well-being of this nation. ”

PARAGRAPH 4. SUPPORT SERVICES describes how CDC will provide internal support during an influenza pandemic.

PARAGRAPH 5. MANAGEMENT AND COMMUNICATIONS describes actions of the Director’s Emergency Operations Center (DEOC). The DEOC is the CDC fusion point for all information, situation awareness, actions, and decisions related to response and recovery efforts in an influenza pandemic. This fusion includes the knowledge management of critical and diverse information from surveillance systems and analysis activities from the Emergency Support Function (ESF) #8 (Public Health and Medical Services) sector, and other National Response Plan (NRP) partners, for analysis and timely decision making.





ANNEXES and their **APPENDIXES** further describe in detail the planning background and actions necessary for successful response and mitigation of the effects of a pandemic. For example, Annex A describes three different modes for the DEOC as it progresses from a daily “watch mode” through the “alert mode” to a full “response mode” to an influenza pandemic. Annex B describes the disease surveillance systems and the critical information requirements needed from CDC to support HHS, DHS other United States Government (USG) agencies, and SLTT governments with the necessary knowledge to launch a coordinated response to an influenza pandemic. In accordance with the NRP, CDC, during a pandemic influenza event, will be a supporting organization to the DHS and the DHHS. The Assistant Secretary for Preparedness and Response (HHS/ASPR) has been designated as the lead for the National ESF #8 response and recovery coordination efforts. The CDC Influenza Pandemic OPLAN supports this ESF #8 mission.

