

Arizona Influenza Pandemic Response Plan

Supplement 13: Guidance for County and Tribal Health Departments



Supplement 13: Table of Contents

I.	GENERAL PREPAREDNESS GUIDANCE	S13-2
	Incident Command	S13-2
	Community Preparedness	S13-2
II.	SPECIFIC ACTIVITY PREPAREDNESS	S13-3
	A. Surveillance and Epidemiology	S13-3
	B. Health Care Response Coordination	S13-4
	C. Vaccine and Antiviral Delivery and Administration	S13-5
	D. Community Disease Control	S13-6
	E. Addressing Travel-Related Risk	S13-7
	F. Public Information	S13-8
	G. Workforce Support – Psychosocial Needs	S13-9
	H. Information Management	S13-9

I. General Preparedness Guidance

County and tribal health departments will be highly effected prior to and during an influenza pandemic. This guidance is designed to help spotlight important planning and response activities that are necessary at the local health department level. In January 2006, HHS released a state and local planning checklist (www.pandemicflu.gov). While the HHS checklist is not reproduced here, it lists broad concepts that are important and may help counties and tribes in the development of their respective plans.

All counties should have a jurisdiction-specific Influenza Pandemic Response Plan that is an extension of both their jurisdiction's overall Emergency Response Plan and the Arizona Influenza Pandemic Response plan. It is necessary for each county, and each tribe, as appropriate, to fit into the existing state plan to more effectively coordinate overall resources in the state. Therefore, ADHS has made it a requirement for each county to have a jurisdiction-level response plan that fits in with the state plan, as a condition of continuing to receive public health preparedness grant funds.

Tribes in Arizona, and elsewhere in the Nation, have sovereign authority. In order to achieve optimal state-wide coordination during a pandemic response, tribal health departments and other tribal-related entities (e.g., U.S. Indian Health Services), will need to work closely with neighboring county health departments and ADHS. For purposes of this planning guide tribal and county health departments are both considered local health departments, as these entities are responsible for providing public health services at the local level. There is no inference in this guide or elsewhere in the plan that equates counties with tribes.

Under a declared public health emergency (A.R.S. 36-787), the Arizona Department of Health Services (ADHS) becomes the primary coordinating agency in the state for all public health activities. This declaration will likely occur in Arizona during the late stages of a Pandemic Alert Period or at the outset of a federally declared pandemic. Under such a declaration the counties will be responsible for carrying out the local public health duties necessary to respond to the pandemic. The goal and direction of these activities will be coordinated by ADHS; however, the operational plans to conduct these activities may vary from county to county, depending on the availability of local resources. This guidance should help both counties and tribes in Arizona identify the key local public health activities that will likely be necessary during the different phases of pandemic activity.

Incident Command

As with other disasters and emergency plans, the response systems developed need to incorporate a NIMS compliant incident command system (ICS). This requires training of management and staff in ICS. As ADHS will likely be playing a coordination role throughout the pandemic response, all partner agencies should be familiar with the ADHS ICS system – Public Health Incident Management System (PHIMS). PHIMS is described in detail in Appendix C to the Arizona Influenza Pandemic Response Plan. Local health agencies that have not adopted an ICS should consider using PHIMS as a structure, therefore, better ensuring the ability of the local health agency and ADHS to appropriately coordinate during a pandemic response.

Community Preparedness

Local health agencies should ensure community level planning and preparedness occurs within their jurisdictions. As with any disaster, a pandemic response will require the community and the government sectors working together. Community sectors include:

- businesses
- schools, day care
- long term care facilities
- churches
- volunteer organizations
- health care
- emergency responders
- community leaders
- private citizens and families
- local media outlets

Community preparedness activities include information sessions, training and education, resource assessments, community and individual planning (school, businesses, families, etc.), and community level exercises. Community level preparedness requires knowledge of the demographic, geographic and cultural make-up of the community, in order to ensure all populations in a community are involved, or are, at a minimum, accounted for in the response plan. See Supplement 8 for actual community preparedness planning guides (see also www.pandemicflu.gov for updated guides).

II. Specific Activity Preparedness

The following portion of the guidance details specific local health agency activities extracted from Supplements 1-12 of the Arizona Influenza Pandemic Response Plan. These activities are listed here, by category, as an outline of specific local actions that will need to be undertaken during the different phases of pandemic response, as part of an overall statewide response. Some actions will not pertain to all counties and tribes, and it is likely that each county and tribe will have additional activities that are not listed here. This model is typical of all public health emergency responses, where certain actions need to be coordinated at a state level, but the necessities of local implementation require innovative and, sometimes, alternative approaches.

A. Surveillance and Epidemiology

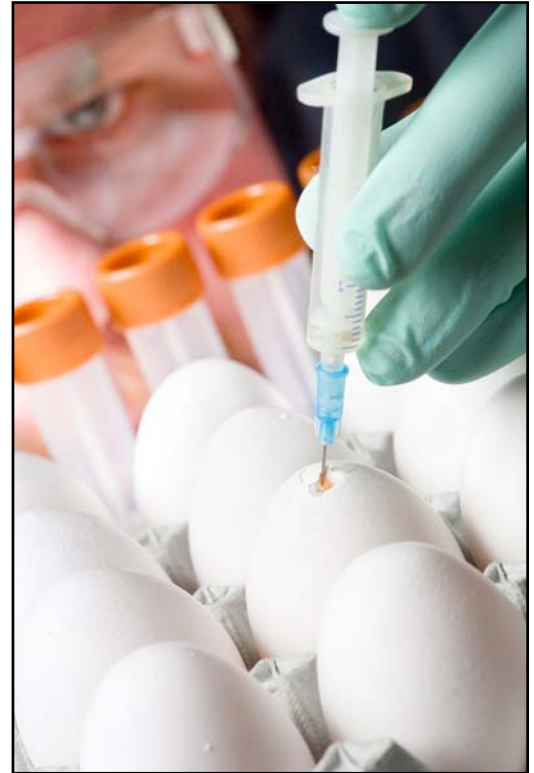
Disease surveillance and epidemiological analysis are the key science-based components for all public health response activities. While ADHS will coordinate state-wide surveillance activities, the success of these actions will rely heavily upon the participation and implementation at the local level. County and tribal health departments are the primary agencies for conducting surveillance. The current surveillance systems during non-pandemic, seasonal influenza will be the basis for any surveillance activities during a pandemic (see Supplement 1)

Interpandemic (Phase 1-2) Activities

1. Ensure participation in ongoing influenza surveillance systems
2. Continue to increase participation in sentinel surveillance for influenza-like illness
3. Explore opportunities to conduct syndrome surveillance with local reporting sources (i.e., clinics, ambulance companies, schools, etc.)
4. Maintain participation in the Arizona Health Alert Network, by receiving and re-distributing health alerts to appropriate community members
5. Ensure the full implementation of MEDSIS in respective jurisdiction, both at the health department and health care system level
6. Work with ADHS to develop and implement protocols for investigating institutional outbreaks
7. Ensure the ability to collect death certificates related to infectious causes, especially influenza, in a timely manner

Pandemic Alert (Phase 3) Activities

8. Investigate initial reports of potential human influenza infections due to a novel influenza strain in respective jurisdiction utilizing local rapid response teams (RRT). These response activities include completing investigations forms, obtaining specimens for testing, and monitoring close contacts for influenza-like illness
9. Immediately inform ADHS of any suspected human infection with an avian/animal/novel human strain of influenza
10. Ensure timely and comprehensive reporting of ILI from sentinel sites



11. Monitor syndromic surveillance data sources and evaluate increased activity, as appropriate
12. Assist ADHS with distribution of epidemiologic reports of influenza activity updates to surveillance partners and stakeholders and participate in regular pandemic alert surveillance conference calls with ADHS

Pandemic Alert (Phase 4) Activities

13. Request health care providers to screen travelers arriving from influenza-affected areas for ILI
14. Collect and analyze demographic data on clusters, ill travelers, or unusual cases
15. In accordance with ADHS recommendations, initiate active surveillance for hospitalized cases.
16. In accordance with ADHS recommendations, initiate active surveillance for influenza deaths

Pandemic Alert (Phase 5) Activities

17. Continue with previous phase activities, likely at increased levels
18. Consider activating Public Health Incident Command System, to better coordinate activities within jurisdiction and with ADHS

Pandemic (Phase 6) Activities

19. Coordinate with ADHS to increase surveillance with health care providers at the early stages of a declared Pandemic, to detect introduction of virus into jurisdiction.
20. Analyze morbidity and mortality data to establish population- and geographic area-specific rates
21. Assist ADHS in ensuring medical examiner reporting of influenza-related deaths (see Supplement 1)
22. Additional sources of surveillance data may be evaluated to determine the effectiveness of pandemic influenza interventions and resource allocation needs.
23. Once the virus has been identified throughout the state, surveillance and testing levels may be decreased depending on resource availability
24. The pandemic strain is likely to become a routinely circulating influenza A subtype. When that happens, the activities of both the counties, tribes, ADHS and national influenza surveillance systems will revert to the frequency and intensity typically seen during interpandemic influenza seasons

B. Health Care Response Coordination

Inter-Pandemic Activities

While health care response during an emergency is primarily a partnership between private sector health care institutions, ADHS and county and tribal health departments need to work with these entities to ensure overall coordination.

During the Interpandemic and Pandemic Alert Periods, ADHS and county and tribal health departments, along with emergency management and first responder agencies work together with these health care entities through Arizona Emergency Preparedness and Response Public Health Region Committees, to develop preparedness plans including infectious disease referral systems and patient surge capacity plans (see Supplement 3).



Interpandemic and Pandemic Alert Activities

1. County and tribal health departments need to maintain active participation in their respective Arizona Emergency Preparedness and Response Public Health Region Committees
2. Build close relationships with the hospital administrators in respective jurisdiction, to ensure closer coordination during emergencies.
3. Identify multiple lines of redundancy for communication between local health department on health care institutions
4. Ensure facilities have an influenza pandemic response plan as part of their overall facility emergency response plan

Pandemic Response Activities

5. Ensure health care partners receive latest guidance from ADHS or HHS during emergency
6. Work to identify needed health care resources, depending on impact of pandemic on health care system

C. Vaccine and Antiviral Delivery and Administration

Vaccines and antivirals are public health and medical tools to prevent and respond to influenza outbreaks. Their effectiveness during any given outbreak is not certain, especially during a pandemic due to a novel strain. While it is important for local plans to include the use of these tools as potential interventions, they should not be the focus of an influenza pandemic response plan. Vaccines are to be used as a preventative measure, while antivirals will primarily be used as a treatment by health care providers, but may also be used as a prophylactic measure for response officials with the highest risks of exposure (see Supplements 6 and 7)

Inter-Pandemic and Pandemic Alert Activities

1. Develop and implement plans, systems and capacities to receive, distribute, and administer vaccine to population of jurisdiction
2. Identify and train public health volunteer workforce to staff and administer mass vaccination clinics
3. Identify strategies to deliver vaccine doses to health care and immunization providers within jurisdiction, as part of the overall vaccine response plan
4. Develop a system to rapidly vaccinate staff within respective agencies, and their families.
5. Identify strategies to effectively distribute antiviral medications to potential priority groups, including hospitals and clinics for patient treatment, and frontline health care providers, first responders and other priority workers for potential prophylactic measures.



Pandemic (Pre-Vaccine Availability) Activities

6. Mobilize response partners, and prepare to activate plans for distributing and administering vaccines and antivirals, as necessary
7. Activate plans and systems to receive, distribute and administer pre-pandemic stockpiled vaccines and antivirals, to designated groups, upon delivery by ADHS
8. Review modifications, if any, to recommendations on vaccinating priority groups.
9. Accelerate training in vaccination and vaccine monitoring for public health staff and for partners responsible for vaccinating priority groups.
10. Work with other governmental agencies and non-governmental organizations to ensure effective public health communications.

Pandemic (Post-Vaccine Availability) Activities

11. Activate plans and systems to distribute and administer vaccines to designated groups, upon delivery from ADHS.
12. Phase in vaccination of the rest of the population after priority groups have been vaccinated.

D. Community Disease Control

Community Disease Control measures are those measures that are taken to limit or slow the spread of illness in a community. These can be enacted on an individual basis (i.e., quarantine of a contact of a case), on a large group of individuals (e.g., the quarantine of plane passengers that arrive with an case), or at the community level (e.g., declaration of “Stay Home Days” to keep citizens at home and creating social distance between all members of the community. These measures will be best enacted at the local level as they may only be necessary or effective in certain communities. County and tribal health departments should consult with ADHS prior to taking such actions.

Inter-Pandemic and Pandemic Alert Activities

1. Identify and engage traditional partners (e.g., public health and health care workers) and non-traditional community partners (e.g., transportation workers) and invite them to participate in preparedness planning and in pandemic influenza containment exercises and drills
2. Provide information to the public on the definitions of and the potential need for individual, small group, and community containment measures, to improve a wider understanding and acceptance during a pandemic
3. Identify potential isolation and quarantine facilities
4. Establish procedures, in conjunction with ADHS, for medical evaluation and isolation of quarantined persons who exhibit signs of influenza-like illness (ILI)
5. Develop tools and mechanisms to prevent stigmatization and provide mental health services to persons in isolation or quarantine, as well as to family members of affected persons and other community members
6. Establish procedures for delivering medical care, food, and services to persons in isolation or quarantine. These efforts should take into account the special needs of children and persons with disabilities.
7. Develop protocols for monitoring and enforcing quarantine measures
8. Ensure legal authorities and procedures exist for various levels of movement restrictions

Pandemic Alert Period Activities

9. When a case with a novel strain that has been identified that matches a strain with potential to cause a pandemic, use quarantine authority to separate known exposed contacts of cases, to help limit spread within community. Quarantine of contacts should be implemented only when there is a high probability that the ill patient is infected with a novel influenza strain that may be transmitted to others
10. Monitor contacts who are quarantined at least once a day—by phone or in person—to assess symptoms and address any needs



Pandemic Period Activities

11. Early in Pandemic period use quarantine authority to separate known exposed contacts of cases, to help limit spread within community. Quarantine of contacts should be implemented only when there is a high probability that the ill patient is infected with a novel influenza strain that may be transmitted to others
12. Monitor contacts who are quarantined at least once a day—by phone or in person—to assess symptoms and address any needs

As disease progresses within the community, use of quarantine will likely have little value, except in closed settings. Local health authority should be ready to enact community-wide containment measures (as detailed in Supplement 8)

13. Promote community containment strategies, as appropriate, and in consultation with ADHS. These measures may include:
 - a. Promotion of community-wide infection control measures (e.g., respiratory hygiene/cough etiquette)
 - b. Declare “Stay Home Days”
 - c. Don’t discourage “self-isolation”
 - d. Closure of office buildings, shopping malls, schools, and public transportation
14. Identify strategies to determine impact of containment measures on both disease and society. Use this information to better focus containment measures.
15. Stand down measures as quickly as possible without risk of prolonging pandemic

E. Addressing Travel-Related Risk

Travel-related risk in regards to pandemic planning primarily refers to health affects associated with air travel, or any international travel (e.g., border crossings). Measures used to address travel-related risks include many of the community disease control measures found in Supplement 8. As with community containment, travel-related containment is often best addressed at the local level, although many situations will naturally involve ADHS and the federal government, due to federal quarantine authority and international travel laws. Affected county and tribal health departments are encouraged to work with ADHS while preparing for and enacting containment measure that address travel-related risk.

Inter-Pandemic Period Activities

1. Ensure readiness to implement travel-related disease containment measures
2. Engage appropriate community partners and develop and exercise appropriate plans

Pandemic Alert Period Activities

3. Assist ADHS in providing public health information to travelers who visit countries where avian or animal influenza strains that can infect humans (e.g., avian influenza A [H5N1]) or human strains with pandemic potential have been reported.
4. Evaluate and manage arriving ill passengers who might be infected with avian or animal influenza strains or human strains with pandemic potential.



Pandemic Period Activities

5. Continue to provide public health information to travelers, in coordination with ADHS
6. In coordination with ADHS and CDC, initiate enhanced disease surveillance at ports of entry
7. Evaluate and implement quarantine, as necessary, on exposed passengers or other individuals related to travel
8. Evaluate the need to implement or terminate travel-related containment measures as the pandemic evolves.

F. Public Information

During the Interpandemic Period, communications professionals from local health departments will need to work closely with ADHS communications team and other response agencies to focus on preparedness planning and on building flexible, sustainable communications networks and media relationships. During the Pandemic Period, they will focus on coordinated health communications to support public health interventions designed to help limit influenza-associated morbidity and mortality. According to A.R.S. 36-787, ADHS is the lead agency for crafting public information strategies and messages during a declared public health emergency. While ADHS will take the coordination role, local health departments may be best placed to ensure the unified messages reach Arizona residents at the community level (see Supplement 10).

Inter-Pandemic Period Activities

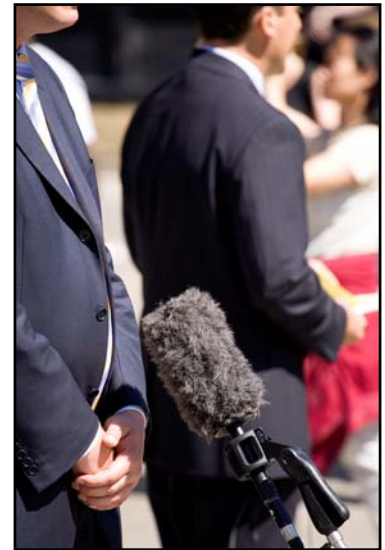
1. Assess and monitor readiness to meet communications needs in preparation for an influenza pandemic, including regular review and update of communications plans.
2. Participate in regional and state-wide emergency communication activities with ADHS, other response agencies, private industry, education, and nonprofit partners (e.g., American Red Cross chapters).
3. Identify and train lead subject-specific spokespersons.
4. Provide public health communications staff with training on risk communications for use during an influenza pandemic.
5. Develop and maintain up-to-date communications contacts.
6. Participate in tabletop exercises and other collaborative preparations to assess readiness.
7. Confirm any contingency contracts needed for communications resources during a pandemic.

Pandemic Alert Period Activities

8. Begin disseminating messages and materials to increase the knowledge and understanding of the public, health care professionals, policy-makers, media, and others about unique aspects of pandemic influenza that distinguish it from seasonal influenza, and generally what to expect during different phases of an influenza pandemic.
9. Address rumors and false reports regarding pandemic influenza threats.

Pandemic Period Activities

10. Contact key community partners and implement frequent update briefings.
11. As appropriate, implement and maintain community resources, such as hotlines and websites to respond to local questions from the public and professional groups.
12. Tailor communications services and key messages to specific local audiences; utilize statewide special populations study information to target specific hard to reach populations.
13. In coordination with epidemiologic and medical personnel, obtain and track information daily on the numbers and location of newly hospitalized cases, newly quarantined persons, and hospitals with pandemic influenza cases. Use these reports to determine priorities among community outreach and education efforts, and to prepare for updates to media organizations in coordination with federal partners.
14. Coordinate all pandemic influenza media messages with ADHS to ensure consistency with statewide and national messages
15. Promptly respond to rumors and inaccurate information to minimize concern, social disruption, and stigmatization.



G. Workforce Support – Psychosocial Needs

All response agencies, including county and tribal health departments need to ensure that their response personnel reside in the safest and healthiest environment possible by addressing the psychological and social (“psychosocial”) needs of these employees (see Supplement 11).

Interpandemic and Pandemic Alert Activities

1. Encouraging the use of tools and techniques for supporting staff and their families during times of crisis
2. Establish partnerships and participate in any Regional Behavioral Health Agency (RBHA) outreach activities to the pandemic responder community. This purpose of this outreach is to inform these individuals on how to use as well as receive suggestions on how to improve the crisis response system
3. Provide psychosocial communication information developed by ADHS to employees. Such information will:
 - Educate and inform employees about emotional responses they might experience or observe in their colleagues and families (including children) during an influenza pandemic and techniques for coping with these emotions.
 - Educate employees about the importance of developing “family communication plans” so that family members can maintain contact during an emergency.
 - Describe workforce support services that will be available during an emergency, including confidential behavioral health services and employee assistance programs.
4. Establish workforce resilience programs that will help deployed workers to prepare for, cope with, and recover from the social and psychological challenges of emergency work

Pandemic Activities

5. Make full use of self-care and behavioral health interventions that can help response workers manage emotional stress, family issues and build coping skills and resilience (including providing child and family care, use of stress-control teams, establishing rest and recuperation sites – see Supplement 11 for more information)
6. Ensure that employees have ongoing access to information, including the progression of the pandemic, business and personnel issues (e.g., overtime pay, work hours, etc.), and health care issues
7. Implement workforce resilience programs that meet the special needs of emergency workers - including those who continue to report to the same job location but whose assignments shift to respond to the pandemic (see Supplement 11 for more information).



H. Information Management

For pandemic planning and response public health information management (informatics) focuses on technology systems that support response related interventions and resource tracking. Like ADHS, county and tribal health departments have been developing and improving information management systems for emergency response for the past several years. Supplement 12 lists and describes all the statewide information management systems that will be used during a pandemic. County and tribal health departments should continue to participate in the development, testing, deployment, and use of these systems to ensure their overall effectiveness.