

Pandemic Influenza Preparedness Plan for Trumbull County

I. Purpose:

To provide procedures for mitigating the consequences of an influenza pandemic affecting the residents of Trumbull County.

- Reduce morbidity
- Reduce mortality
- Minimize social disruption and panic
- Facilitate planning for recovery

II. Assumptions:

- a. A pandemic will occur; the unknowns are time, extent, amount of warning, and the origin of the novel virus.
- b. An influenza pandemic in Trumbull county will present a massive test of our emergency preparedness system. Advance planning could save lives and prevent substantial economic loss.
- c. All areas within the county as well as neighboring jurisdictions are likely to be affected simultaneously.
- d. A pandemic will pose a significant threat to human infrastructure responsible for critical community services due to widespread absenteeism.
- e. Effective preventative and treatment measures (vaccines and antivirals) may not be available at the onset of the pandemic and may be in short supply.
- f. There may be critical shortages of essential resources such as staffed hospital beds, medical supplies, PPEs, ventilators, morgue capacity, and refrigerated storage facilities for storage of bodies. This will require a change in the usual standards of medical care. Altered standards of care may include providing care without the usual equipment and trained personnel that are used in the prepandemic period.
- g. Surveillance of influenza disease and virus will provide information crucial to an effective response.
- h. The Federal government will probably assume the cost for the purchase of vaccine and antiviral medication. The purchase of related medical supplies will be a local responsibility.
- i. An effective response to an influenza pandemic will require the coordinated efforts of a wide variety of partners-private as well as public, health and non-health related.
- j. Local health districts must plan for a self contained response with limited help from the state or federal government.

III. Concepts of Operations

- a. Local organizations will initiate actions listed under the County EOP.
- b. There are five essential components to an influenza pandemic :

- i. Command and Control
- ii. Surveillance
- iii. Vaccine /antiviral delivery
- iv. Communications
- v. Community response
 - Public Health
 - EMA
 - Health Care Facilities
 - Coroner
 - Mental health
 - Veterinarians
 - Hospitals
 - American Red Cross
 - Law Enforcement

c. An influenza pandemic will evolve through the following WHO Global Pandemic Phases:

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

IV. Organization and Responsibilities:

a. Local Health Departments (LHD)

i. Interpandemic Period

- Evaluate adequacy of existing local infrastructure to respond to a pandemic.
- Review LHD policies and procedures for annual influenza vaccinations and work with local health care facilities to assess and improve health care worker immunization levels.
- Promote pneumococcal vaccination in traditional high risk groups to decrease incidence and severity of secondary bacterial pneumonia.
- Review current mass vaccination plan. Review security agreements with local law enforcement.
- Conduct a county wide space and site resource inventory. Determine availability of shelters, schools, gyms, nursing homes, etc. for aggregate care. Identify appropriate sites for triage, treatment, mass vaccination, and holding areas for acutely ill clients unable to be admitted to acute care hospitals. Secure MOUs with the above facilities.
- In coordination with the Coroner's Office, develop plan for management of bodies when morgue capacity has been exceeded.
- Conduct a county wide inventory of emergency room capacity, number of hospital beds, ICU beds, ventilators, morgue capacity, and number of health care providers available to see outpatients.
- Educate staff about influenza pandemic and role in local response.
- Recruit volunteers and update contact information.
- Coordinate pandemic flu planning with other PH disaster planning at the local level.
- Establish and routinely test communications between other health departments, hospital infectious disease departments, other local partners, and ODH.
- Develop an epidemiological investigation protocol, coordinate with the regional EPI protocol. Update annually.

ii. Pandemic Alert Period

1. Review pandemic influenza response plan
2. Enhance surveillance
3. Develop a public education campaign in coordination with local and regional partners. Utilize/distribute DHHS planning documents. Include infection control practices.

4. Prepare Limitation of Movement document; explore legal issues.
 5. Determine proper PPE equipment needed and train staff on use.
 6. Establish Incident Command structure.
 7. Coordinate all activities with other local partners.
 8. Review mass distribution plan, prioritize sites to be utilized, update EMA. Coordinate with private providers.
 9. Determine priority list for vaccine and antiviral distribution (follow Federal Plan for priority groups-see attached).
 10. Collaborate with local, state, and federal officials to determine what numbers will trigger cancellations (social events, school, work from home, etc).
 11. Arrange for translation of information and signs.
 12. Determine special needs population in county and how needs will be addressed.
 13. Conduct drills and exercises and evaluate.
- iii. Pandemic Period
- Establish HD Command Center activate internal Incident Command System.
 - Provide public and profession education and update through media (PIOs, JIC).
 - Assign staff member to county EOC and follow Unified Command System.
 - Arrange to open clinic sites and distribute vaccine. Follow SNS Plan –coordinate with EMA. Utilize SWIPERS.
 - Surveillance/Epi investigation of cases and contacts.
 - Enact limitation of movement.
 - Cancellations as determined in Alert Period.
 - Communication with local partners, state health department.
 - Monitor resources and staff.
 - Coordinate activities with mental health personnel.
- iv. Recovery
- Assess local capacity to resume normal PH functions
 - Assess local capacity to resume normal health care delivery.
 - Assess fiscal impact of pandemic response.
 - Reports of assessment to appropriate entities (local government, state health dept., media).
 - Evaluate and revise pandemic response plan (lessons learned).