

**OFFICE OF EPIDEMIOLOGY AND FOOD SAFETY  
BUREAU OF LABORATORIES  
IMMUNIZATION PROGRAM  
HEALTH PREPAREDNESS PROGRAM**

# **Idaho Pandemic Influenza Response Plan**

**Version 1 - DRAFT**

**October 22, 2004**

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MEMORANDUM FOR ANNEX Z PLAN DISTRIBUTION

FROM: Idaho Department of Health and Welfare

SUBJECT: Letter of Transmittal, Idaho Pandemic Influenza Response Plan

I. The Idaho Pandemic Influenza Response Plan has been developed by the Idaho Department of Health and Welfare to establish protocols and procedures to prepare for and respond to bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies in Idaho.

II. This plan fulfills requirements established by the Centers for Disease Control and Prevention (CDC) and has been funded by CDC Cooperative Agreement U90/CCU020290. It is effective upon receipt and will be executed based on the Conditions of Implementation.

III. Pertinent aspects of this plan were coordinated with tasked units.

IV. This plan is distributed to Idaho's disaster response and health organizations as shown in Annex Z. Copies of the plan are distributed to certain other units as shown in Annex Z for informational purposes.

V. Supporting plans have been prepared by each of the seven District Health Departments in Idaho. Copies of supporting documents and any subsequent changes must be forwarded to the Idaho Department of Health and Welfare, Bureau of Health Policy and Vital Statistics, Health Preparedness Program office for review and approval.

VI. This plan will be reviewed and updated annually. Instructions written in support of this plan will be updated by the appropriate units and staff agencies. Suggestions for improving the plan should be forwarded to the Idaho Department of Health and Welfare, Bureau of Health Policy and Vital Statistics, Health Preparedness Program, PO Box 83720, Boise, ID 83720-0036.

VII. The office of primary responsibility (OPR) for this document is Idaho Department of Health and Welfare, Bureau of Health Policy and Vital Statistics, Health Preparedness Program.

Richard H. Schultz, Administrator  
State Health Official  
Division of Health

Attachment:  
IDHW Public Health Preparedness and Response Plan

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IDAHO PANDEMIC INFLUENZA RESPONSE PLAN  
SECURITY INSTRUCTIONS / RECORD OF CHANGES / RECORD OF REVIEW

- I. The long title of this plan is Idaho Pandemic Influenza Response Plan.
- II. Portions of the Idaho Pandemic Influenza Response Plan may contain information that are considered confidential. In those instances, references will be made to a separate policy, procedure, or plan. This plan falls under the protection of Chapter 3, Title 9, Idaho Code; records exempt from disclosure. All organizations tasked by this plan will ensure that necessary action is taken to safeguard any confidential information contained within this plan, annexes, and appendices.
- III. Directors of tasked organizations may extract and reproduce those portions of this document considered essential for planning.
- IV. All changes should be posted as they are received and recorded below.

RECORD OF CHANGES

| Change Number | Date | Date Posted | Posted By |
|---------------|------|-------------|-----------|
|               |      |             |           |
|               |      |             |           |
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RECORD OF REVIEW

| Date Reviewed | Reviewed by | Remarks |
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## CHAPTER ONE - INTRODUCTION

I. PURPOSE: To provide procedures for mitigating the consequences of an influenza pandemic affecting Idaho

II. OVERVIEW: An influenza pandemic has a greater potential to cause rapid increased in death and illness than virtually any other natural health threat. Planning and preparedness before the next pandemic strikes is critical for an effective response. This Pandemic Response Plan describes a coordinated strategy to prepare for and response to an influenza pandemic in Idaho. An influenza pandemic is unlike any other public health emergency or community disaster.

Experts consider influenza pandemics to be inevitable, yet no one knows when the next one will occur.

Outbreaks are expected to occur simultaneously throughout much of the U.S., limiting the ability of cross-jurisdictional support and assistance between areas that normally occur with other natural disasters. In addition, the overwhelming levels of morbidity and mortality, coupled with shortages and delays in vaccines and antiviral drugs may stretch the local health care systems to a breaking point. Finally, the disruptions of state and local infrastructures including transportation, commerce, utilities and public safety will compound efforts to mitigate the effect of an influenza pandemic.

CDC estimates that in the United States alone:

- o Between 38-89 million persons will be infected
- o Between 314,000 and 734,000 persons will require hospitalization
- o Between 89,000 and 207,000 persons will die
- o Economic losses will amount to \$71-166 billion

(Figures taken from: Meltzer, M.I., Cox, N.J., Fukuda, K. (1999). The Economic Impact of Pandemic Influenza in the United States: Priorities for Intervention. *Emerging Infectious Diseases*, 5, 659-671.)

### III ASSUMPTIONS

- A. The Federal government has assumed primary responsibility for a number of key elements of the national plan, including:
- B. Vaccine research and development
- C. Coordinating national and international surveillance
- D. Assessing and potentially enhancing vaccine and antiviral capacity and coordinating public-sector procurement
- E. Developing a national "clearinghouse" for vaccine availability information, vaccine distribution and redistribution
- F. Developing a national adverse events surveillance system
- G. Developing a national information database/exchange/clearinghouse on the Internet
- H. Developing "generic" guidelines and/or "information templates" that can be modified and/or adapted as needed at the State and local levels, including:
  - 1. Fact sheets on influenza, the influenza vaccine, and antiviral agents
  - 2. Strategies and guidelines for interacting with the media and communicating effectively with public health, medical communities and the general public
  - 3. Guidelines for triage and treatment of influenza patients in outpatient, inpatient and non-traditional medical care settings
  - 4. Guidelines for setting up and operating mass vaccination programs
  - 5. Guidelines for distribution and use of antiviral agents

6. Guidelines for the potential utility of “traditional” public health measures to curtail transmission such as the use of masks, isolation precautions, and temporary closure of schools and large businesses
- I. It is expected that individuals will need an initial dose followed by a second dose approximately 30 days later to achieve optimal antibody responses and clinical protection, due to a new and novel immune response.
- J. There will likely be limited supplies of vaccines and antiviral agents, and therefore priority groups for vaccination and receipt of antiviral agents should be developed based on guidance from the Centers for Disease Control and Prevention.
- K. The Federal government is currently pursuing mechanisms by which influenza vaccine can be made available more rapidly and in much larger quantities prior to and during the next pandemic.
- L. Liability protection for vaccine manufacturers and persons who administer influenza vaccine will likely need to be addressed through Congressional legislation.
- M. Limited resources can be expected to be made available from the national level for plan implementation, although the level and nature of such resources have not been determined.

## CHAPTER TWO – PANDEMIC DEFINITION

I. PURPOSE: Pandemic influenza response activities are outlined by pandemic phase, a classification system developed by the World Health Organization (WHO) in 1999.

CONDITIONS: The World Health Organization (WHO) pandemic phase classification system:

### Phase 0:

#### Inter-pandemic phase

#### Four levels

- **Phase 0, level 0:** No recognized human infections caused by a novel influenza strain.
- **Phase 0, level 1:** Novel virus alert. The identification of a novel viral infection in one person somewhere in the world.
- **Phase 0, level 2:** Two or more human cases in the same community but no documented person to person transmission and unclear ability to cause outbreaks;
- **Phase 0, level 3:** Pandemic alert. Confirmation of person-to-person spread in the community with at least one outbreak lasting for more than two weeks in one country.

As the interpandemic Phase 0 levels pass from novel virus alert to pandemic alert, response activities will be enhanced including intensified U.S. and international surveillance, investigation of circulating virus strains, descriptive epidemiology of the effects of the novel influenza strain, coordination with health districts, activation of local plans, and implementation of the communications plan.

**Pandemic Phase 1:** Novel virus is causing outbreaks in one country, has spread to other countries, and disease patterns suggest serious morbidity and mortality may occur.

**Pandemic Phase 2:** Outbreaks and epidemics occur in multiple countries with global disease spread.

Response activities during these phases depend, in part, on the extent of disease internationally, in the U.S., and in Idaho. Community-level interventions and travel restrictions may decrease disease spread. Immunization programs will begin once vaccine becomes available. Antiviral prophylaxis and therapy will be targeted to maximize impact. Hospital and outpatient medical care and triage will be coordinated at the local level, and emergency response plans will be activated to preserve community services. Surveillance activities will continue at a heightened level to track disease burden and disseminate information on surveillance findings.

**Pandemic Phase 3:** Signals the end of the first pandemic wave. Activities will include assessment of surveillance and response activities from the previous phases and refinement of response strategies in preparation for a potential second wave.

**Pandemic Phase 4:** Signals a second wave of pandemic influenza.

**Pandemic Phase 5:** Pandemic over.

### CHAPTER THREE - PLANNING

I. **PURPOSE:** Due to the potential for high morbidity, mortality, decreases in state resources, increase in public panic a plan has to be created and exercised for the potential of a large scale influenza pandemic. Because of the potential impact of a pandemic and the need to coordinate a number of state, local and private partners to effectively respond, planning for such events will need to incorporate all groups.

II. **CONDITIONS:**

- A. District Health Department(s) resources are limited and not sufficient to respond in a timely manner;
- B. The pandemic influenza virus can be easily disseminated or transmitted person-to-person, has a high mortality and morbidity rate, and subsequently a major public health impact;
- C. The pandemic may cause public panic and social disruption; or
- D. The pandemic will require special action for public health preparedness.

III. **PLANNING ASSUMPTIONS:** The following assumptions are made for implementation of the plan.

- A. The Incident Management System (IMS) will be implemented in order to provide for continuity of management and to coordinate with local, state, federal, and private agencies.
- B. Assigned roles and responsibilities will be carried out as noted in the IDHW Public Health Preparedness and Response Plan at both the IDHW and District Health Department levels.

- C. Signed Memorandums of Agreements (MOAs) will be honored.
- D. Security will be adequate to protect personnel, supplies, and other resources.
- E. If needed, a state disaster would be declared to provide sufficient resources.
- Surveillance – Focuses on improved ability to detect the emergence and initial spread of novel virus variants and ability to rapidly expand surveillance activities to track geographic distribution.
- Vaccine and Antiviral Agent Delivery – Addresses expanded vaccination populations, limited vaccine supply/shortages, and possible requirements for a second dose of vaccine for optimal protection.
- Emergency Response – Provides consideration for exposure and absenteeism of emergency personnel, addressing the needs of homebound individuals, and shortages of hospital beds and critical supplies.
- Communications – Establishes examination of existing communication systems, identification of gaps, and acquisition of additional resources.

Overview, Assumptions, Stages of Pandemic Influenza, and Plan Components were adapted from the Centers for Disease Control and Prevention's (CDC) *Pandemic Influenza: A Planning Guide for State and Local Officials (Draft 2.1)*, Atlanta, Georgia, 1998.

## **CHAPTER FOUR – STATE AND LOCAL ROLES**

**I. PURPOSE:** The purpose of this chapter is to describe the state and local roles of action during an influenza pandemic, as they would differ from other infectious disease outbreaks, emergencies or bioterrorist event.

**A. STATE ROLE:** The state will coordinate the integration of vaccine procurement from federal government, dissemination of vaccine priority groups, identifying pockets of need and working closely with local groups to maintain adequate resources to provide mass vaccination or supplemental health care during pandemic.

1. Vaccine Distribution: Prioritization by federal government and by state will determine the level the distribution levels. All state-level prioritization will be done with local involvement and will be standardized across all state jurisdictions.

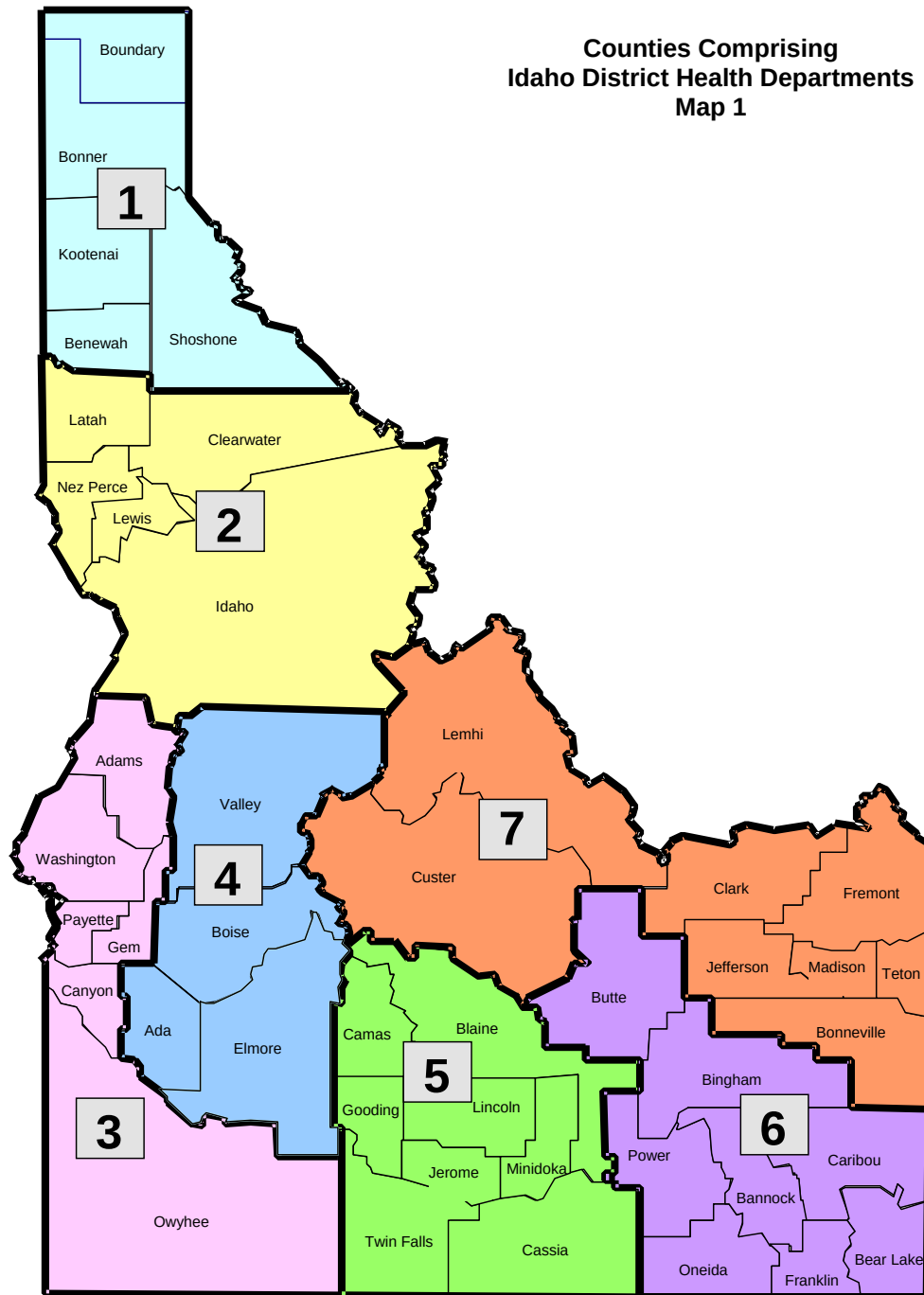
2. Resource Allocation and Distribution:

**B. LOCAL ROLE:** This will include Public Health Districts, Local County Governments and other non-governmental groups such as hospitals, nursing facilities, private providers and groups like the Red Cross.

1. Mass Vaccination Clinics: The Public Health Districts and other local entities will be responsible for administration of vaccine and potentially anti-viral agents that have been administered through the state and federal government.

- Receipt, management, administration, documentation, security, monitoring, re-call and accountability of all vaccine and anti-virals at facilities within jurisdiction

- Education and distribution of educational material to public and media within jurisdiction.
2. Resource Distribution and Management: Plans to distribute state resources and manage those resources to support local populations and local health infrastructures until the pandemic has resolved will be the responsibility of local and county governments.



| District 1                                            | District 2                                         | District 3                                                | District 4                       | District 5                                                                          | District 6                                                                         | District 7                                                                         |
|-------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------|----------------------------------|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| Benewah<br>Bonner<br>Boundary<br>Kootenai<br>Shoshone | Clearwater<br>Idaho<br>Latah<br>Lewis<br>Nez Perce | Adams<br>Canyon<br>Gem<br>Owyhee<br>Payette<br>Washington | Ada<br>Boise<br>Elmore<br>Valley | Blaine<br>Camas<br>Cassia<br>Gooding<br>Jerome<br>Lincoln<br>Minidoka<br>Twin Falls | Bannock<br>Bear Lake<br>Bingham<br>Butte<br>Caribou<br>Franklin<br>Oneida<br>Power | Bonneville<br>Clark<br>Custer<br>Fremont<br>Jefferson<br>Lemhi<br>Madison<br>Teton |

## CHAPTER FIVE - COMMAND AND CONTROL

*(Taken directly from the IDHW Public Health Preparedness Plan)*

I. **PURPOSE:** The purpose of this chapter is to describe the direction and control process to be used by the Idaho Department of Health and Welfare (IDHW) during a public health emergency. This plan may be activated to respond to emergencies at a local or statewide level, based on the criteria in the section **Conditions for Implementation** (Chapter 3).

II. **OVERVIEW:** The command and control process will vary depending on the magnitude and timing of the event. In some instances, the situation will be declared a state disaster, while in other instances the Idaho Public Health Preparedness Plan may be activated, response steps taken, and the situation resolved. Regardless of the magnitude of the event, an incident management system will be used to coordinate the response. Support plans to this Basic Plan include specific information related to direction and control, including roles and responsibilities. The following information provides a summary of the direction and control process.

### A. Command and Control – No State Disaster Declared.

1. **Command and Control during Standard Working Hours:** The direction and control process within the Division of Health follows a top-down approach, where the Division of Health Administrator oversees the Chiefs/Supervisors of each of the Bureaus/Offices, and the Bureau Chiefs/Office Supervisors oversee Section/Program Managers. During normal working hours (Monday through Friday, 8:00 a.m. to 5:00 p.m.), the Division of Health Administrator would be the Incident Commander for a given situation. When the Division of Health Administrator is absent, a Deputy Administrator is designated and this person will fulfill the Incident Commander duties. Organizational charts for the IDHW, Division of Health, and Bureau of Health Policy and Vital Statistics are provided in Appendices 1, 2, and 3 of Annex A. Additional organizational charts may be provided with attached plans.

2. **Command and Control Before and After Normal Working Hours:** For urgent reporting and response beyond standard working hours, an IDHW Division of Health pager system is utilized. The pager system is activated through the IDHW Bureau of Emergency Medical Services (EMS) State Communications Center (StateComm). The Center operates 24 hours per day, 7 days per week, and can be reached toll-free by telephone in Idaho or through radio contact via remote mountaintop transmitter sites connected by microwave links to the Center. StateComm is utilized by providers, health care organizations, EMS agencies, and other government agencies throughout the state for notifying appropriate response parties during urgent situations, such as reporting of select diseases or other health-related emergencies. Once StateComm receives a report of an event needing an urgent response, the StateComm Communication Specialist contacts the appropriate local, state, and federal agencies; and coordinates conference calls. For incidents impacting public health, StateComm notifies the local District Health Department pager first and the IDHW pager second, if needed.

For the IDHW Division of Health, a group of designated individuals participate in the pager system. This group includes all Division of Health Bureau Chiefs and the State and Deputy State Epidemiologists. The person responsible for the pager rotates on a weekly basis. If StateComm needs to contact the IDHW Division of Health after

standard working hours, the communications specialist would contact the person with the pager. During an incident where IDHW Division of Health was the lead agency, the person receiving the page would become the Incident Commander. This person would remain the Incident Commander until the duties were officially passed to another person or the incident was resolved. A Pager Manual is passed on with the pager, to provide guidance on how to handle various situations.

B. Command and Control - State-Declared Disasters: The Military Division's Bureau of Disaster Services (BDS) is responsible for overall planning, direction, and coordination of statewide response operations. During a state-declared disaster, Idaho operates under an incident management system. This system is documented in Idaho's Emergency Operation Plan (IDEOP). All of Idaho's state government agencies participate in this system and provide support under the IDEOP. During a state-declared disaster, the Idaho Emergency Operations Center (IDEOC) is activated. The IDEOC is staffed by emergency coordinators representing and appointed by each state agency.

The IDHW emergency coordinator is also referred to as the IDHW Disaster Coordinator; his/her purpose at the IDEOC is to facilitate emergency support and logistics in response to emergencies and disasters. The IDHW Disaster Coordinator will maintain contact with the Division of Health Administrator located at the Division of Health Operations Center to relay requests for support to IDHW. The IDHW works with its many partners to coordinate activities, responders, and supplies in all types of emergencies.

1. In the IDEOP, the IDHW is the primary lead for implementation of the Emergency Support Function 6, Mass Care; Emergency Support Function 8, Health and Medical Services; and the Strategic National Stockpile (previously known as National Pharmaceutical Stockpile) Incident Annex. These activities, responders, and supplies include, but are not limited to:

- a. Assessment of health/medical needs;
- b. Health surveillance;
- c. Medical care personnel;
- d. Health/medical equipment and supplies;
- e. Patient evacuation;
- f. In-hospital care;
- g. Food/drug/medical device safety;
- h. Worker health/safety;
- i. Radiological/chemical/biological hazards consultation;
- j. Mental health care;
- k. Public health information;
- l. Vector control;
- m. Victim identification/mortuary services;
- n. Veterinary services;
- o. Shelter, feeding, and emergency first aid to disaster victims;
- p. Establishment of systems to provide bulk distribution of emergency relief supplies to disaster victims;
- q. Collection of information to operate a Disaster Welfare Information (DWI) system for the purpose of reporting victim status and assisting in family reunification;
- r. Assessment and evaluation of actual or suspected disease outbreaks, injuries, and deaths resulting from weapons of mass destruction;



- s. The request for the Strategic National Stockpile (SNS) if available pharmaceutical and other medical supplies are insufficient to meet need; and
- t. Coordination of SNS implementation with the District Health Departments.

## **CHAPTER SIX - EPIDEMIOLOGIC SURVEILLANCE AND RESPONSE**

**I. PURPOSE:** Outline surveillance and response activities to be carried out by IDHW stakeholders during an influenza inter-pandemic, pandemic, and post-pandemic phases.

**II. OVERVIEW:** Surveillance for influenza requires state-wide monitoring both for virus stain and disease activity. Timely identification of circulating or novel virus strains, including those from avian or animal sources is important for pandemic detection. Monitoring influenza disease activity is important to facilitate resource planning, communication, intervention, and investigation. Identifying disease activity can allow state resources to be utilized efficiently and proper counter measures to be put in place by local and state entities to minimize transmission and spread of the pandemic.

## **CHAPTER SEVEN – INTEGRATED LABORATORY RESPONSE PLAN**

**I. PURPOSE:** Outline laboratory detection and surveillance activities to be carried out by IDHW Bureau of Laboratories during an influenza inter-pandemic, pandemic, and post-pandemic phases.

**II. OVERVIEW:** Detection and surveillance for influenza required state-wide monitoring for virus strain throughout the year. Timely, accurate and safe identification of novel and existing viral strains of influenza are critical to all surveillance activities. Development of new testing procedures for typing of the influenza virus, as well as rapid methods for detections are foremost concerns in the effort to monitor for pandemic influenza.

## **CHAPTER EIGHT – VACCINE DELIVERY**

**I. PURPOSE:** To identify vaccination delivery strategies, monitoring and safety measures that need to be taken during the stages of an Influenza Pandemic

**II. OVERVIEW:** Despite public health recommendations for annual influenza vaccinations that include over 185 million persons, less than half of all Americans who should receive the vaccine are immunized. During the 2003-2004 influenza season nearly the entire vaccine supply of 87 million doses was used and in anticipation of a similar trend the vaccine manufacturers were scheduled to produce 100 million doses for the 2004-2005 influenza season. However, due to production problems one of the three vaccine manufacturers, Chiron Corp., has been unable to release one half of the vaccine supply. Currently there are prioritizations for high-risk groups, extreme shortages and panic among the general population about this shortage. As would be seen with a influenza pandemic, lack of vaccine or shortages in vaccine would cause large scale public panic. Proper communication, planning and education are critical to avoid such scenarios.

Planning for several different levels of vaccine supply are critical to being prepared to deal with no or little vaccine at the beginning of an influenza pandemic. In addition, monitoring vaccine coverage and safety is another critical factor of the vaccine delivery system.

## **CHAPTER NINE – ANTIVIRALS**

I. **PURPOSE:** To identify targeted antiviral delivery methods, prioritization strategies, and measures for monitoring the safety and efficacy of antivirals that can be during the stages of an Influenza Pandemic for prophylaxis or treatment of disease.

II. **OVERVIEW:** Targeted use of antiviral agents could decrease the health impact of an influenza pandemic. According to the CDC, use of antiviral prophylaxis has been up to 70% to 90% effective in preventing symptomatic influenza infection caused by susceptible strains, if prophylaxis is begun before exposure to influenza. Also, treatment with neuraminidase inhibitors has been shown to decrease severe complications such as pneumonia and bronchitis and to reduce hospitalizations. Such interventions would be of particular importance prior to vaccine distribution or for those where the vaccine is contraindicated. Limitations of prophylaxis and treatment will undoubtedly include drug availability, drug sensitivity, prioritization of delivery, safety, efficacy and cost.

## **CHAPTER TEN – COMMUNICATIONS**

I. **PURPOSE:** To identify and address Pandemic Influenza specific communications needs and priorities, so as to minimize communication problems during a pandemic. All the communication related materials will cooperatively fit into IDHW Public Health Emergency Communication Plan.

II. **OVERVIEW:** During a public health emergency, risk communication and information dissemination to educate the media, public, partners, and stakeholders regarding risks associated with a real or obvious threat is crucial for an effective public response. The IDHW has developed a Public Health Emergency Communication Plan that addresses steps to be taken to verify the situation, conduct notification, conduct assessment, organize assignments, prepare information, obtain approvals, release information, obtain feedback, and conduct public education.

## **CHAPTER ELEVEN – EMERGENCY RESPONSE**

*(Taken directly from the IDHW Public Health Preparedness Plan)*

I. **PURPOSE:** Within the state of Idaho, various local, state, and federal agencies, as well as non-governmental organizations, coordinate efforts to prepare for and to respond to emergency situations such as; bioterrorism, infectious disease outbreaks, and other public health threats and emergencies. This section is to acknowledge primary organizations that Idaho Department of Health and Welfare (IDHW) will be coordinating activities with for preparedness and response efforts.

II. **JOINT ADVISORY COMMITTEE:** The Bioterrorism Preparedness and Response Program Joint Advisory Committee (JAC) provides oversight of the IDHW health preparedness activities that are funded by the Centers for Disease Control and Prevention and the Health Resources Services Administration. The JAC meets quarterly and provides counsel to the Health Preparedness Program. The mission of the JAC is:

A. "To facilitate State and regional planning with public health, hospitals, emergency services, and other entities that will lead to implementation of programs to improve their preparedness to work together to respond to biological terrorist attacks as well as other outbreaks of infectious disease."

The JAC has a broad array of expertise represented including representation from:

|                                           |                                        |
|-------------------------------------------|----------------------------------------|
| State Health Department                   | State National Guard                   |
| District Health Departments               | State Office of Rural Health           |
| State Hospital Association                | State Emergency Medical Services (EMS) |
| Universities                              | State EMS Advisory Committee           |
| Hospitals                                 | State Laboratories                     |
| Telehealth                                | State Emergency Management Services    |
| Nursing and infectious disease clinicians | Poison Control Center                  |
| State Board of Pharmacy                   | Title V Maternal and Child Health      |
| Primary Care Association                  | Federal Bureau of Investigation        |
| Northwest Portland Indian Health Board    | State Police                           |
| IDHW Ambassador to Idaho Tribes           | American Red Cross                     |
| Veteran's Affairs                         | Department of Agriculture              |
| Military Hospital                         | Department of Environmental Quality    |

III. DISTRICT HEALTH DEPARTMENTS: The seven District Health Departments (DHDs) in Idaho provide basic health services to Idahoans. The Districts are autonomous entities governed by District Boards of Health. The IDHW has contracted with the seven DHDs in Idaho to develop and/or enhance their public health preparedness activities. The DHDs and IDHW preparedness activities are coordinated to ensure appropriate preparedness and response efforts occur. The DHDs are listed below.

1. Panhandle District Health Department (1)
2. North Central District Health Department (2)
3. Southwest District Health Department (3)
4. Central District Health Department (4)
5. South Central District Health Department (5)
6. Southeast District Health Department (6)
7. District VII Health Department (7)

The map on page 5 displays the geographic boundaries of the District Health Departments.

IV. HEALTHCARE FACILITIES: IDHW is currently working with Health Care entities through the HRSA grant process to work to create preparedness and response capabilities through out the seven regions of Idaho.

V. IDAHO EMERGENCY OPERATIONS PLAN – ANNEX 6 – MASS CARE: Idaho Emergency Support Function 6 (ID-ESF #6) coordinates resources to support requests for assistance by local government upon a declaration of a disaster or emergency. This section specifically addresses the delivery of mass care services, including:

- A. Shelter, feeding, and emergency first aid to disaster victims;
- B. Establishment of systems to provide bulk distribution of emergency relief supplies to disaster victims;
- C. Collection of information to operate a Disaster Welfare Information (DWI) system for the purpose of reporting victim status and assisting in family reunification;

D. Partners for support of ID-ESF #6 include:

|                                    |                                          |
|------------------------------------|------------------------------------------|
| American Red Cross                 | Idaho Department of Education            |
| Idaho Department of Administration | Office of the State Board of Education   |
| Idaho Commission on Aging          | Idaho Department of Parks and Recreation |
| Idaho District Health Departments  |                                          |

VI. IDAHO EMERGENCY OPERATIONS PLAN – ANNEX 8 – HEALTH AND MEDICAL SERVICES ANNEX: Idaho Emergency Support Function #8 (ID-ESF #8), Health and Medical Services provides coordinated state assistance to supplement local resources in response to public health and medical care needs following a major disaster or emergency, or during a developing potential medical situation. This support is categorized in the following functional areas:

1. Assessment of health/medical needs;
2. Health surveillance;
3. Medical care personnel;
4. Health/medical equipment and supplies;
5. Patient evacuation;
6. In-hospital care;
7. Food/drug/medical device safety;
8. Worker health/safety;
9. Radiological/chemical/biological hazards consultation;
10. Mental health care;
11. Public health information;
12. Vector control;
13. Victim identification/mortuary services; and
14. Veterinary services.

Partners for support of ID-ESF #8 include:

|                                       |                                           |
|---------------------------------------|-------------------------------------------|
| American Red Cross                    | Idaho Department of Environmental Quality |
| Idaho Bureau of Disaster Services     | Idaho Division of Building Safety         |
| Idaho Bureau of Hazardous Materials   | Idaho District Health Departments         |
| Idaho Department of Agriculture       | Idaho State Police                        |
| Idaho Department of Veterans Services |                                           |

VII. CENTERS FOR DISEASE CONTROL AND PREVENTION: The Centers for Disease Control and Prevention (CDC), a federal partner, is recognized as the lead federal agency for protecting the health and safety of people, providing credible information to enhance health decisions, and promoting health through strong partnerships. CDC provides resources for public health preparedness efforts, including funding and technical assistance, for issues related to assessment and planning, epidemiology, laboratory analysis, information technology, crisis communication, and education and training.

## **CHAPTER TWELVE – TRAINING AND EXERCISING**

I. **PURPOSE:** To effectively respond to a public health emergency, IDHW staff and response partners need the appropriate knowledge and skills to react to various situations. An individual's training needs vary depending on the person's role, responsibilities, and experience during an emergency (e.g., a Public Information Officer's role and responsibilities will differ from those of a Public Health Epidemiologist). The IDHW Training Plan provides an overall training strategy for the delivery of public health and health care preparedness training in Idaho.

In addition, exercises serve as a tool for Idaho to demonstrate proficiency for public health preparedness. The purpose of this chapter is to provide an overview of what exercise activities are occurring in Idaho related to public health preparedness.

II. **OVERVIEW:** The IDHW Training Plan, which has been implemented by IDHW's Health Preparedness Office, provides a list of trainings to be conducted by IDHW and the Idaho District Health Departments during August 31, 2004, through August 30, 2005 (FFY 2004) to prepare Idaho's workforce for response to a public health emergency.

In addition, as the state of Idaho has several funding sources related to preparedness efforts, the Idaho Department of Health and Welfare (IDHW) and District Health Departments have partnered with the Bureau of Hazardous Materials (BHM) and Bureau of Disaster Services (BDS) to coordinate the responsibilities of exercises. Several table-top and functional exercises have been scheduled around mass vaccination efforts for pandemic influenza during the FFY 2004 grant cycle.

**OFFICE OF EPIDEMIOLOGY AND FOOD  
SAFETY**

**Idaho Pandemic Influenza  
Preparedness and  
Response Plan**

**Annex A1- IDHW Pandemic  
Influenza Epidemiologic  
Surveillance and Response  
Plan**

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IDHW PANDEMIC INFLUENZA ANNEX A1 - IDHW INFLUENZA EPIDEMIOLOGIC  
SURVEILLANCE AND RESPONSE  
SECURITY INSTRUCTIONS / RECORD OF CHANGES / RECORD OF REVIEW

I. The title of this plan is Idaho Department of Health and Welfare (IDHW) Public Health Pandemic Influenza Preparedness and Response Plan

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## **ANNEX A1 - IDHW INFLUENZA EPIDEMIOLOGIC SURVEILLANCE AND RESPONSE**

**I. PURPOSE:** This annex outlines surveillance and response activities to be carried out by IDHW stakeholders during influenza inter-pandemic, pandemic, and post-pandemic phases. This annex has been developed in accordance with guidance provided by the Centers for Disease Control and Prevention (CDC).

### **II. OVERVIEW:**

Influenza pandemics are expected but unpredictable and arrive with very little warning. Effective global and national monitoring both for virus strain and disease activity, from human and animal sources, is important for early pandemic detection and rapid response. Surveillance systems must be in place to rapidly detect a novel influenza virus, respond to its presence, and monitor the burden of disease leading up to, during, and after a pandemic. Supplementary plans must be in place, as described in this annex, to rapidly implement enhanced influenza surveillance and response protocols in reaction to local, national and global surveillance findings. Surveillance and response activities in this plan are categorized by WHO pandemic phase and level designation; a classification system developed by the WHO in 1999 and utilized by CDC.

Surveillance efforts will be dedicated to determine the following:

#### **A. Laboratory surveillance: (see Annex B1)**

- What virus strain(s) are circulating and whether a novel virus arrived in Idaho;

#### **B. Epidemiologic surveillance:**

Influenza is not reportable in Idaho, and many ill persons may not seek medical attention, so it will be impossible to document exact numbers of ill persons. However, it is possible to document or estimate the following through surveillance efforts:

- Where disease activity is occurring in Idaho, by health district, through reviewing laboratory and district epidemiologists' reports of local activity;
- Overall disease activity statewide, through summarizing the district reports, utilizing the CDC activity level designations of "no activity, sporadic, local, regional, or widespread";
- Overall disease impact by following the trend of district and overall disease activity;
- The percentage of patients being seen for influenza-like illness in select healthcare settings as a sentinel for overall disease burden in Idaho;
- Hospitalizations for influenza in collaborating medical facilities, as a measure of severity of illness, through collaborative efforts between hospitals and public health ;
- The number of reported influenza-related deaths, by age, through vital records;
- Comparison of influenza-related deaths to previous years as an indicator of disease severity; and
- The population groups most severely affected, through evaluation of hospitalizations,

death records, and targeted surveillance in schools.

C. Surveillance response efforts:

The following surveillance response activities will occur in conjunction with, and in response to, surveillance findings. Response activities will differ by pandemic phase.

- Coordinating local and state surveillance efforts according to pandemic phase and sharing summary surveillance data with local and state communications specialists.
- Providing information to healthcare providers and the public regarding influenza in Idaho. This will include frequent IDHW web site updates, press releases, health alerts, and information sheets as needed. Efforts will be coordinated with the IDHW State Communications Plan, the IDHW Immunization Program, district health departments, the Idaho State Department of Agriculture (ISDA), and other agencies as needed.
- Integrating federal surveillance and response recommendations when appropriate for Idaho.
- Making recommendations regarding the management of the movement of people in an attempt to reduce the spread of illness based on epidemiologic data.

D. *Definition of Pandemic Phases and Levels*

For effective surveillance and response it is important to have surveillance systems in place which not only allow for informed responses to significant and rapidly spreading outbreaks of pandemic influenza, but also to early detection of the low-level spread of a true pandemic virus or the recognition of a new virus which subsequently does not spread and cause a pandemic. Surveillance and response activities will be based on the pandemic phase classification listed below.

The World Health Organization (WHO) pandemic phase classification system:

**Phase 0:**

**Inter-pandemic phase**

**Four levels**

- **Phase 0, level 0:** No recognized human infections caused by a novel influenza strain.
- **Phase 0, level 1:** Novel virus alert. The identification of a novel viral infection in one person somewhere in the world.
- **Phase 0, level 2:** Two or more human cases in the same community but no documented person to person transmission and unclear ability to cause outbreaks;
- **Phase 0, level 3:** Pandemic alert. Confirmation of person-to-person spread in the community with at least one outbreak lasting for more than two weeks in one country.

As the interpandemic Phase 0 levels pass from novel virus alert to pandemic alert, response activities will be enhanced including intensified U.S. and international surveillance, investigation of circulating virus strains (Annex B1), descriptive epidemiology of the effects of the novel influenza strain, coordination with health districts, activation of local plans, and implementation of the communications plan (Annex E1).

**Pandemic Phase 1:** Novel virus is causing outbreaks in one country, has spread to other countries, and disease patterns suggest serious morbidity and mortality may occur.

**Pandemic Phase 2:** Outbreaks and epidemics occur in multiple countries with global disease spread.

**Pandemic Phase 3:** Signals the end of the first pandemic wave.

**Pandemic Phase 4:** Signals a second wave of pandemic influenza.

**Pandemic Phase 5:** Pandemic over.

### III. EPIDEMIOLOGIC SURVEILLANCE AND RESPONSE ACTIVITIES

#### A. Phase 0, level 0: INTER-PANDEMIC PHASES - *No novel virus detected worldwide.*

Ongoing surveillance activities during the inter-pandemic phase have traditionally corresponded with the traditional influenza season. All surveillance activities are becoming year-round in Idaho, in an attempt to rapidly detect, and thus respond to a novel virus.

##### 1. Laboratory surveillance

Laboratory detection of circulating influenza viruses occurs year-round at the Idaho State Bureau of Laboratories (IBL). The difficulties associated with handling and identifying novel virus strains is addressed in Annex B1 of the IDHW Public Health Pandemic Influenza Preparedness and Response Plan

Routine influenza surveillance, responding to the detection of a novel virus anywhere in the world, and tracking the impact of the novel virus strain in Idaho would also involve the Idaho Office of Epidemiology and Food Protection (OEFPP).

- OEFPP may encourage laboratory testing of a subset of respiratory samples from clinically compatible individuals in the course of a normal flu season.
- IBL will share test results with OEFPP in a timely manner or discuss the need to forward samples to CDC for further analysis.
- OEFPP and IBL meet monthly to discuss routine influenza issues.
- OEFPP receives weekly e-mail updates from the IBL during the influenza season and reports as needed off-season, in accordance with year-round

laboratory surveillance efforts. IBL and OEFP also contribute to a shared-drive to review available laboratory findings as needed.

- OEFP provides weekly updates during the influenza season to the district health department epidemiologists regarding influenza activity, including IBL findings.

## 2. Epidemiologic surveillance

Influenza is not reportable in Idaho.

Epidemiologic surveillance is designed, during Phase 0, level 0 to gather certain types of indicator data signifying the presence of virus in the state, the circulating strain, and some information on the severity of the circulating strain (ILI and mortality data),

- State and territorial epidemiologists report

Describes influenza activity at the state level.

State-level influenza activity is categorized according to CDC guidelines. Categories currently available through CDC web-based reporting include no activity, sporadic, local, regional, and widespread.

- i. OEFP designates a crude level of influenza activity in Idaho by examining information from a combination of resources weekly. Information that would influence the activity designation includes laboratory reports, ILI (influenza-like illness) reports, death certificate data, school closures, press releases, and reports of illness in residential or long-term care facilities. District health departments often contribute to the statewide understanding of regional activity through phone calls or emails.

- Surveillance for influenza-like illness (ILI)

ILI surveillance is currently carried out by a small number of primary health care providers in Idaho every flu season. CDC recommends at least one participating provider per 250,000 state residents or a minimum of 10. Efforts are under way to enhance surveillance efforts by recruiting additional ILI surveillance sites to reach the minimum of 10. Year-round ILI surveillance is now recommended to detect novel virus strains or ILI that may occur at any time during the year. All ILI surveillance participants are also encouraged to participate in laboratory surveillance efforts year-round.

- i. OEFP recruits ILI sentinel health care providers annually statewide to participate in the CDC-sponsored web-based reporting surveillance system.
  - ii. The Immunization Program assists in the recruitment process.

- iii. OEFP monitors ILI provider web-based reporting practices and encourages regular participation in the surveillance activity.
- 122 cities mortality reporting system  
Death certificate data is currently analyzed by the Idaho Bureau of Health Policy and Vital Statistics and results are submitted to the CDC 122 cities mortality reporting system weekly, year-round.
    - I. The Idaho Bureau of Health Policy and Vital Statistics (BHPVS) provides a report of statewide and Ada county influenza and pneumonia mortality data, by age, weekly to OEFP, year-round.
    - II. OEFP continuously monitors mortality data, compares data to previous years, monitors available national mortality data with respect to seasonality and epidemic threshold levels, and compares national data with Idaho-specific data.
    - III. OEFP will report influenza-related pediatric mortality utilizing the CDC Pediatric Influenza-Associated Death Reporting System found on the Secure Data Network (SDN) as cases are reported and investigated. Since influenza-related mortality is not reportable at present, information obtained from this effort may be incomplete.

**B. Phase 0, Level 1:**

INTERPANDEMIC PHASE - Novel virus alert in a human.

The assumption is that there will be little or no immunity in the general population against a novel virus entering the community. Therefore, the discovery of a novel virus in a human, anywhere in the world has the potential to be a precursor to a pandemic. The priority at this level is to enhance U.S. and international surveillance, to identify cases and monitor the spread of disease, perform epidemiologic investigation of any suspicious illness, and to continue planning and preparedness activities.

- Continue all activities outlined in **Phase 0, Level 0**
- Monitor bulletins from CDC regarding influenza and novel strains isolated within or outside of the U.S. and respond accordingly.
- Educate health care providers on disease-based surveillance and laboratory findings for influenza in collaboration with IBL and the district health departments (DHD). Options for education include the Idaho Disease Bulletin, a bimonthly newsletter for healthcare providers, the Idaho Health Alert Network, webcasts, satellite

conferences, and lectures.

- Encourage influenza testing in persons with a clinically compatible illness, particularly with a recent travel history to the region of the world reporting the novel virus in humans or animals.
- Review plan with partners, evaluate level of preparedness and modify as needed.
- Review laws regarding restriction of movement, and how to enact them (in accordance with the Idaho Epidemiology Surveillance and Response Plan (ESRP)).
- Coordinate data-sharing activities and surge capacity with other states, particular regional states, and bordering jurisdictions.

**C. Phase 0, Level 2:**

INTERPANDEMIC PHASE - two or more human cases associated with the novel strain but no documented person to person transmission;

- Continue all activities noted in **Phase 0, Level 1**
- Additional activities here are as yet undefined, but work is ongoing to develop the capacity to estimate morbidity (e.g. absenteeism rates), hospitalizations (an estimate of severity of disease), and to determine age groups affected by the novel virus.

*i. Examples:*

Design surveillance protocol with sample of larger hospitals throughout Idaho capable of providing summary data on confirmed hospitalized influenza infections on a real-time basis.

Design mechanisms to estimate morbidity (e.g. absenteeism from schools, aggregate employee sick leave designation)

Design mechanisms to estimate disease burden in varying age groups (e.g. morbidity levels in long-term care facilities, daycare data)

**C. Phase 0, Level 3:**

INTERPANDEMIC PHASE - *Pandemic Alert*.

Confirmation of person-to-person spread in the general population with at least one outbreak lasting for more than two weeks in one country. Response activities undertaken during this phase/level vary depending on where the disease outbreak(s) are occurring.

- Continue activities outlined in **Phase 0, Level 2**.

***(If the outbreak(s) are occurring outside of the U.S.)***

- Work with communications specialists to hone laboratory and clinical surveillance and safety messages to both health-care providers, local health districts, and the public, as needed.
- Distribute guidelines and precautions, in association with the IBL, to sentinel sites for collection of influenza specimens from persons who recently traveled to outbreak areas and present with influenza-like illness (ILI).
- Convene state agency stakeholders (OEFP, Immunizations program, and others) to discuss situation, share surveillance data, decide, in light of current outbreak, if certain surveillance and response activities should be modified for the current situation.

***(If the outbreak is occurring within the U.S.)***

- Enhance surveillance efforts to detect suspect cases in Idaho.
- Report epidemiologic surveillance findings weekly or more frequently, if necessary, to IDHW stakeholders and partners in addition to district health epidemiologists.
- Communicate with USDA and ISDA to assure that animal reservoirs are monitored or controlled and that data is being provided back to OEFP in a timely manner.
- Convene state agency stakeholders (OEFP, Immunizations program, and others) to discuss situation, share surveillance data, decide, in light of current U. S. outbreak, if certain surveillance and response activities should be modified or enhanced for the current situation.

**E. Pandemic Phase 1:**

Novel virus is causing outbreaks in one country, has spread to other countries, and disease patterns suggest serious morbidity and mortality may occur. Person-to-person spread makes the likelihood of finding the novel virus in Idaho more likely.

- Continue activities as outlined in **Phase 0, Level 3**
- Enhance surveillance efforts to assess the presence of circulating strains of virus in Idaho (laboratory surveillance) by encouraging ILI participants and regional hospital labs (level A labs) to submit samples to IBL.
- Educate submitters on safety procedures when handling clinical samples that might represent potentially novel strains of virus.



- Share IBL data with OEFP which, in turn, shares critical data with state stakeholders including the Immunization program, ISDA, and federal stakeholders as appropriate (e.g. CDC, USDA).
- Continue to assess and fill gaps in ILI sentinel participants to assure at least 10 participating provider sites statewide.
- Consider implementing enhanced surveillance activities to estimate hospitalizations and the impact of virus on certain age groups.
- Should pandemic strain(s) affect Idaho, devise process to provide estimates of hospitalizations (severity of illness), geographic distribution of affected areas by district, general demographic make-up of affected populations (identify high-risk groups for infection and complications) when requested by government officials.
- Convene state agency stakeholders on a weekly basis (OEFP, Immunizations program, IBL, and others) to discuss situation, share surveillance data, decide, in light of current outbreak, if certain surveillance and response activities should be modified for the current situation.
- Provide advice on outbreak investigation methodologies early on and containment activities to DHDs as needed, utilizing CDC recommendations as appropriate for Idaho.

F. **Pandemic Phase 2:** outbreaks and epidemics occur in multiple countries with global disease spread. It is likely at this phase, that Idaho is experiencing morbidity and possibly mortality associated with the novel strain, possibly along with the co-circulation of one or more so-called normal strains of influenza virus.

- Surveillance activities will continue at a heightened level as described in **Phase 1**.
- If virus is found in Idaho, strategies should be (will be?) implemented to control the spread of disease. These may include travel restrictions, quarantine and isolation, school closures, and limiting public gatherings. Decisions regarding the use of such measures will need to be based on the epidemiology of the pandemic and their effectiveness. Entities making these decisions may include the district health department affected and IDHW, in consultation with federal partners as needed.
- Daily updates of surveillance activities will be reported to IDHW stakeholders and other partners by OEFP, as needed.

- Essential services may become impaired during this phase. Surveillance activities may be hindered significantly making it more difficult to evaluate and modify control strategies based on epidemiologic data during this phase.

**G. Pandemic Phase 3:** Signals the end of the first pandemic wave.  
The hiatus in pandemic disease may allow for some recovery in communities.

- Assess **Phase 2** approach if possible during this phase. Summarize and communicate epidemiologic findings associated with initial pandemic in Idaho.
- Review the effectiveness of control strategies, in association with the Immunization Program, and modify these strategies in anticipation of a potential second pandemic wave.
- Continue enhanced surveillance efforts to detect further pandemic waves.
- OEPF may assist immunization program in assessing vaccine coverage during pandemic.

**H. Pandemic Phase 4:**

*Second wave*

Confirmation of a second or later wave caused by the same novel virus strain.  
A second wave may occur within 3-9 months of the initial epidemic.

- Response similar to **Phase 1 and Phase 2**.
- The impact may be less severe due to immunity in some members of the population and the possibility that a novel virus-specific vaccine becomes available.
- If a vaccine is available, different vaccination strategies may need to be developed, possibly including greater reliance on delivery by the private sector as occurs during annual influenza epidemics.

**I. Pandemic Phase 5:**

*Pandemic over.* Declared officially by WHO. (and relayed statewide by State Health Official, State Epi?)

- Return to inter-pandemic phase – see **Phase 0, level 0** or appropriate phase depending on national and international surveillance efforts.
- As described in **Phase 3**, review pandemic surveillance and response. Update plan accordingly in preparation for the next pandemic.

#### IV. VETERINARY SURVEILLANCE ACTIVITIES

| Veterinary Surveillance                                                     |                                                                                                                                                                                                                                                      |
|-----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Idaho State Department of Agriculture Deputy State Veterinarian             | Dr. Kendal Eyre (332-8560) <a href="mailto:Keyre@agri.state.id.us">Keyre@agri.state.id.us</a> or designee                                                                                                                                            |
| United States Department of Agriculture Area Veterinarian in Charge (Idaho) | Dr. Cynthia Gaborick (378-5631) <a href="mailto:Cynthia.M.Gaborick@usda.gov">Cynthia.M.Gaborick@usda.gov</a> or area epidemiologist Dr. Mary Kay Tinker (same number) <a href="mailto:mary.k.tinker@aphis.usda.gov">mary.k.tinker@aphis.usda.gov</a> |

Avian influenza surveillance is passive in Idaho, unless a report of a suspected case is received. Active surveillance and control measures will be implemented at that time.

Avian influenza infections cannot be differentiated on the basis of clinical presentation from exotic Newcastle disease in poultry. Both are serious avian infections with the potential to cause significant economic loss in the agricultural sector, the former with zoonotic disease potential. Both conditions are reportable to the state or federal agriculture departments.

Upon receiving a report of a suspected avian influenza infection in Idaho, the USDA, in coordination with the ISDA, will convene a task force to heighten surveillance for the virus, send samples to the USDA National Veterinary Services Laboratory in Ames Iowa, eradicate positive flocks, impose movement restrictions on extended geographic areas in the affected area, and continue with surveillance efforts throughout the process until there is no longer any indication of ongoing transmission.

Commercial poultry production is not a large part of the agricultural sector in Idaho. As of this printing, only three (3) commercial chicken flocks and approximately 40 game bird production facilities are located throughout the state.

An unknown number of pigeon and game cock enthusiasts raise unregulated backyard flocks, which may be an undetected source of disease, or contribute to spread.

Should a task force be convened in response to a suspected outbreak of avian influenza in the poultry population of Idaho, public health will be consulted on methods of preventing zoonotic disease transmission, and surveillance of poultry workers, task force members, and surrounding populations to determine if zoonotic disease transmission had occurred.

- Public health would respond accordingly depending on the findings (see below for pandemic response **phase 0, level 1** and beyond).

#### V. DIRECTION AND CONTROL

The State Office of Epidemiology and Food Protection coordinates statewide influenza surveillance efforts.

| Position/Role                            | Name (Contact Information)                                                                                |
|------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>Human Surveillance</b>                |                                                                                                           |
| State Epidemiologist                     | Dr. Christine Hahn (208-334-5939, <a href="mailto:Hahnc@idhw.state.id.us">Hahnc@idhw.state.id.us</a> )    |
| Deputy State Epidemiologist              | Dr. Leslie Tengelsen (334-5939), <a href="mailto:Tengelse@idhw.state.id.us">Tengelse@idhw.state.id.us</a> |
| Career Field Officer- CDC Idaho assignee | Dr. Kris Carter (334-6674) <a href="mailto:CarterK1@idhw.state.id.us">CarterK1@idhw.state.id.us</a>       |

VI. PARTNERSHIPS: OEFP has partnered with other IDHW stakeholders, the Idaho District Health Departments and other State agricultural agencies for such activities. Future partnerships include the Idaho Hospital Association



**IDAHO IMMUNIZATION PROGRAM**

**Idaho Pandemic Influenza  
Preparedness and  
Response Plan**

**Annex C1- Vaccine Delivery,  
Monitoring and Safety Plan**

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IDHW PANDEMIC INFLUENZA ANNEX C1- VACCINE DELIVERY, MONITORING AND SAFETY  
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**ANNEX C1: VACCINE DELIVERY, MONITORING AND SAFETY****I. PURPOSE**

To identify vaccination delivery strategies, monitoring and safety measures that need to be taken during the stages of an Influenza Pandemic

**II. OVERVIEW**

The Idaho Immunization Program (IIP) currently administrates the Idaho's Vaccine for Children program, as well as other federal and state funds that allow Idaho to cover all children 0-18 for immunizations. The state currently facilitates the purchase of Influenza vaccine for all recommended children.

Wide distribution of the influenza vaccine currently serves as the central preventative strategy for minimizing influenza morbidity and mortality each year in the US. However, the vaccine is not as widely utilized as it could be, and is not 100% effective in preventing influenza, and this is in part why an estimated 36,000 people die from influenza-related deaths each year. During a pandemic, when herd immunity will be non-existent and virulence could be high, a vaccine would serve as a critical preventative measure. Unlike annual production of influenza vaccine, wherein vaccine strains are selected from circulating strains from the previous influenza season, a pandemic strain could be detected at anytime throughout the year. It would require between six to nine months before a vaccine was available in large enough quantities for distribution, if current manufacturing practices are still being used, and there is no stockpile of appropriate vaccine, such as H5N1 vaccine.

In addition, changes to current vaccine delivery systems should be expected:

- The target population will be expanded, possibly to include the entire state population.
- The rate and dimensions of spread of a pandemic influenza strain will be unknown and the time between detection of a pandemic influenza strain and production and delivery to states could be as long as nine months. In the interim, no vaccine would be available unless pandemic strain vaccine stockpiles were in place, and states would have to rely initially on recommended antiviral therapy, and supportive medical treatment.
- Once vaccine is available it will need to be distributed quickly.
- Due to the possibility of a poor immunologic response following the initial vaccination, the population may require a second or booster dose of vaccine. Tracking, reminded recall and accounting for all doses of vaccine will be necessary and required.
- Vaccination efforts including purchase, distribution and delivery may be conducted in a number of ways including: fully utilizing the public health care system, utilizing a combination of public and private providers, or primarily utilizing private providers. All options will need to be explored.
- Due to anticipated shortages of vaccine, prioritization of persons receiving the initial doses of vaccine will be necessary. Prioritization recommendations will need to take into account the need to maintain essential emergency services and infrastructure. These recommendations will be based on federal guidance, if available.
- Educational materials will need to be pre-crafted about the severity of the pandemic, how to cope with the pandemic, the need for prioritization of critical resources, such as vaccines, antivirals and other drugs, and the role the state is playing in protecting the population.
- Mass vaccination efforts should build on the infrastructure set in place by smallpox planning efforts.

### III. ACTIVITIES

#### A. Pandemic Vaccine Supply

Vaccine purchase and distribution in Idaho occurs through a mixed public and private sector system. For universally recommended childhood vaccines, about 95 percent of vaccine doses are purchased by the public sector, largely through the VFC program. By contrast, most influenza vaccine purchase and distribution occurs through the private sector with only about 25 percent of doses currently purchased directly by the public sector. Providers are reimbursed for the cost of influenza vaccine and its administration to persons aged 65 years and older through the Medicare program.

During a pandemic, the current private sector delivery system may not be adequate to serve the whole population or serve the even those in need of a vaccination. Not to mention, the private sector delivery system may not have access to vaccine.

Influenza vaccine availability will change during the course of a pandemic. Pandemic response strategies will vary with vaccine supply. Four supply levels have been defined at a federal level:

##### 1. No Vaccine Available

At the beginning of a pandemic, it is likely that no vaccine will be available. Interventions to decrease the morbidity and mortality of an infectious disease, such as Pandemic Influenza will be limited to measures that decrease the spread of the disease, such as quarantine, isolation, school closure, and stringent infection control practices in hospitals and long-term care facilities. Such response activities are outlined in the IDHW Epidemiology Surveillance and Response Plan. The duration of this period will depend on several factors:

- The lag between when the pandemic strain is identified and when vaccine production begins relative to the occurrence of disease in Idaho and the U.S. In past pandemics, the time between the detection and arrival in the US has been between zero to five months. Enhanced statewide surveillance may be the only chance to provide an early warning of a pandemic.
- The time of year the pandemic is identified will be critical because larger disease outbreaks are most likely to begin in the fall and end in the early spring. The time of the year when a pandemic strain first is identified also may be important given the seasonal nature of annual influenza vaccine production.
- The time required for vaccine development and licensure. Currently the interval between identifying strains for vaccine and availability is six to eight months.

##### 2. Limited Vaccine Supply

When first available, the pandemic influenza vaccine supply will be less than that required to protect Idaho's susceptible population and the duration of the shortage can not be predicted. Several planning issues are of particular importance for this phase of vaccination shortage:

- Identifying priority groups to receive initial doses of vaccine. The ability to target available vaccine supply will be important to optimally reducing morbidity and mortality and decrease instability in critical

health, emergency and social service. Identification of priority groups will be done based on federal guidance.

- Plans for rapid, efficient and equitable distribution of vaccine will need to be formulated. Efforts by the state's seven local public health districts to provide a wide range of mass vaccination clinics and target all population groups is currently on going. Modulation of smallpox response plans into mass vaccination plans is also underway.
- Approaches to inform priority groups about the availability of vaccine and where to receive it; and to educate the public regarding vaccine priorities and their rationale will be needed. Public education and early development of messages will be crucial to ensure that priority groups present for vaccinations, while persons not in groups identified for earliest vaccinations must be educated as to the rationale and reassured that they will be vaccinated when additional vaccine becomes available. The Idaho Department of Health and Welfare's Bureau of Communication and Public Information are currently working with the Division of Health to pre-craft message specific to pandemic influenza and to have all pertinent materials related to pandemic influenza. In addition, all information related to pandemic influenza activities will be funneled through this office to maximize and standardize all messages.
- Systems need to be developed to identify those who have been vaccinated. Those systems are already in place within Idaho. The Idaho Immunization Registry (IRIS) is capable of handling the need to input, track, remind and account for all vaccines given surrounding the pandemic. Adults as well as children can be input into the registry. Consent will be gained for all persons wanting to be vaccinated and IRIS can generate all vaccine accountability data.
- Vaccine effectiveness and safety need to be monitored. Evaluation of vaccine effectiveness and safety will be monitored throughout vaccination efforts. All documented break-through cases will be investigated through a combined effort with the Office of Epidemiology and Food Safety and the Idaho Immunization Program. In addition, all adverse events reported will be input into the CDC's VAERS system. Adverse events surrounding vaccine safety will be analyzed on a regular basis by Federal partners to assess needs to change vaccination recommendations.

### **3. Adequate Vaccine Supply**

During this period the state's vaccine supply would match its determined needs and it's ability to distribute and administer said vaccine. This would allow for mass vaccination, possibly the entire state population, to occur. Strategies for mass vaccinations could include public sector vaccination clinics through the local public health districts, administration by contract research organizations, and/or administration of vaccine by private sector providers and hospitals.

Currently the state is relying on the seven local public health districts to hold mass vaccination clinics in the event of a influenza pandemic. In addition, there are seven regional hospital-based health care preparedness groups that are addressing surge capacity issues for the regional health care entities and it may

be possible to work with these groups to develop regional private sector plans for vaccine distribution and administration.

## **B. Vaccination Coverage**

Vaccine strategies that are designed to decrease the health impacts of an influenza pandemic must take into account susceptibility to infection and the risk that once infected, severe illness or death will occur. Although during annual influenza epidemics more than half of the hospitalizations and more than 90 percent of deaths occur in persons who are 65 years old or older, the age distribution of severe disease in a pandemic may be different. Because of these uncertainties regarding who will be most susceptible and most at risk for severe disease, strategies for pandemic vaccination will need to be flexible and possibly modified at the time of the pandemic based on the epidemiology of the disease.

### **1. Phase O, level O – Inter-pandemic phase**

- Work with the state and local counter-parts, including private providers and hospitals, to enhance influenza vaccination coverage levels in traditional high-risk groups in which coverage levels are particularly low (e.g. minorities, health care workers, persons younger than 65 years of age with chronic underlying medical conditions).
- Work with state and local counter-parts, including private providers and hospitals, to enhance pneumococcal vaccination coverage levels in traditional high-risk groups to reduce incidence of severity of secondary bacterial pneumonia
- Develop plans to utilize the Idaho Immunization Registry (IRIS) to track, remind and account for all influenza and pneumococcal vaccinations given during a pandemic

### **2. Phase 0, levels 1, 2 and 3 Novel virus confirmed and Human to Human transmission confirmed**

- If vaccine is available, target high-risk population groups with intensive mass vaccination clinics.
- Intensify efforts to target high-risk groups for pneumococcal vaccinations.
- Confirm and train state and local personnel in IRIS and how to utilize during a pandemic mass vaccination effort
- Determine state-wide priorities and identify areas of high-risk and under served populations.
- Ensure that resources and logistics are in place at the local level to begin vaccination and maintain open communication with local health district to determine needs and potential gaps.
- Coordinate resources and materials for mass vaccinations, including Vaccine Information Statements (VIS), consent forms, vaccine administration forms and other materials that need to be standardized.

### **3. Phase 1, 2, and 3 Confirmation of onset of a pandemic**

- Fully activate the vaccination program, including targeting prioritized populations and high-risk groups, if vaccine is available.
- If vaccine is not available, work with local Health Districts to determine level of disease in communities, anti-viral resources and provide with educational materials and support.
- Coordinate all pandemic immunization related activities with local Health Districts, bordering jurisdictions, and other state agencies.

**C. Pandemic Vaccine Supply and Vaccination Rate Monitoring and Evaluation****1. Phase 0, level 0 – Inter-pandemic phase**

- Monitor the state's vaccine coverage through VFC provider quality assurance reviews and CASA. Estimates of vaccine coverage and effectiveness are also gained through the annual school survey and the NIS annual vaccine report.
- Use Idaho's Immunization Registry Information System to track all consented vaccinations to provide an idea of state-wide coverage and provide a system for recall and forecasting for future immunizations helps to provide much needed evaluation.
- Plan state, local and private assessments of Influenza and Pneumococcal vaccine coverage in adults over 18 years of age, especially in high-risk populations and under served populations.
- Identify adult vaccinations needs through out state and continue to work with state, local and private resources to maximize vaccination opportunities and education to public.
- Document and evaluate break-through vaccination cases.

**2. Phase 0, levels 1, 2 and 3 Novel virus confirmed and Human to Human transmission confirmed**

- Increase level of monitoring including incorporating influenza related data and monitoring into quality assurance reviews and working with the Office of Epidemiology and Food Safety to increase participation in the Influenza-like Illness surveillance.
- Increase monitoring of vaccine effectiveness from quality assurance reviews and local public health contacts.
- If vaccine is available, provide adequate coverage for the VFC population and coordinate public purchase and distribution of vaccine to the District Health Departments.
- Documentation of influenza vaccination levels and provider interest in vaccinations and anti-viral usage. Work with the Board of Pharmacy to monitor anti-viral usage by county.

**3. Phase 1, 2, and 3 Confirmation of onset of a pandemic**

- Continue with tasks above and work closely with the state, local and private providers to monitor the levels of influenza related-illnesses and influenza vaccination by county and public health district.
- Utilize IRIS for all influenza vaccinations that are received in state, using emergency requirements to mandate entrance into registry for immunizations. Such use of the registry will allow for accurate and timely accountability of state-wide vaccine, as well as accurate monitoring and reminder recall for potential second doses.
- Work with public health districts and private providers to collect, document and report break through cases of influenza in immunized persons. All reports would be send directly to the CDC.

**D. Pandemic Vaccine Safety****1. Phase 0, level 0 – Inter-pandemic phase**

- Real-time data collection on adverse vaccination events is reported to the CDC for compilation in the Vaccine Adverse Events Reporting System (VAERS).
  - Development and use of Health Alert Network for vaccine related issues, especially vaccine shortage and important information for state providers.
- 2. Phase 0, levels 1, 2 and 3 Novel virus confirmed and Human to Human transmission confirmed**
- If vaccine is available, increase staff time for VAERS reporting and adverse reporting data entry.
  - Develop educational material for providers emphasizing the need to report adverse events with Pandemic vaccine and provide to all providers, including public health districts, hospitals, nursing facilities, and private providers.
- 3. Phase 1, 2, and 3 Confirmation of onset of a pandemic**
- All of the above would be continued and would be supplemented by additional surveillance efforts by quality assurance review teams.

#### **IV. PANDEMIC VACCINE PRIORITIZATION STRATEGIES**

Identifying priority groups for vaccination is important because vaccine supply, when initially available, will be less than demand. Vaccine supplies will probably be distributed based on state population estimates and as Idaho has a smaller population base, including only one large urban area, and limited international access, it may not initially receive substantial doses of vaccine. In addition, because attack rates and severity of disease caused by a pandemic influenza strain can not be predicted with relative certainty, prioritization will allow planners, local and state health agencies and other critical support agencies to modify priority groups as needed to achieve the defined objectives.

##### **A. Vaccine Prioritization Goals**

1. Maintain the ability to provide quality health care, implement pandemic response activities and maintain vital community services.
2. Protect persons at highest risk for influenza mortality
3. Decrease transmission of infection to those at highest risk for influenza mortality (provide indirect protection)
4. Maintain other important community services
5. Protect the susceptible population at large

##### **B. Vaccination Prioritization Strategy Goals**

Defining state and local prioritization goals for early vaccination should be consistent across jurisdictions to prevent perception problems as well as security concerns during events.

- Vaccination priority groups will be defined based on guidance provided by the federal government.
- Define process through which national recommendations for priority groups will be reviewed.

In the absence of national recommendations a vaccines and antivirals working group consisting of the State Epidemiologist, State Health

Official, Medical Director for the IDHW Health Preparedness and Response Plan, Immunization Program Manager, Board of Pharmacy representative, District Health Department representative, and IDHW Health Preparedness Program representative determine high-priority populations, taking into consideration the process and guiding principles outlined in Appendix 1. If national recommendations are available, the working group will review national recommendations and revise as needed based on local factors. The working group will submit recommendations to the Governor's Office and Bureau of Homeland Security.

- Quantify high priority populations for vaccination and develop vaccine distribution contingency plans for different vaccine acquisition scenarios.

Once high-priority populations for vaccination have been identified, the IDHW Bureau of Health Policy and Vital Statistics and District Health Departments will be requested to quantify the population for each Health District and the State. If characteristics of high-priority populations preclude direct determination of the high-priority population size from Idaho census or other data, the IDHW Bureau of Health Policy and Vital Statistics will quantify high-priority populations by generalizing from other available data and assuming the proportion of high-priority populations is the same within each health district. The Idaho Department of Commerce and Labor and the Idaho Bureau of Homeland Security will be asked to assist with quantifying populations characterized by type of employment. See Table 1 re distribution plans.

- Plan for education and notification of the medical community and of the public around appropriate prescribing information.  
Education and notification of the medical community and the public will follow the IDHW Communications Plan.
- Coordinate with bordering jurisdictions.  
Existing Emergency Mutual Aid Compacts between Idaho and bordering states detail the process of sharing state assets among bordering states. Local entities have responsibility for coordinating emergency response with bordering jurisdictions. Agreements regarding coordination of emergency response and public health interventions have already been established in some health districts. See Table 1 for coordinating responsibilities.
- Review workman's compensation laws as they apply to health care workers and other essential workers who have been given vaccinations  
The IDHW Attorney General's Office will review applicable workman's compensation laws. Findings will be communicated through the Division of Health to District Health Departments for distribution to appropriate organizations.
- Utilize and train personnel in the use of IRIS for tracking all vaccinations for vaccine accountability and reminder recall for additional doses required.
- Communications regarding the need for vaccine prioritization will be handled as specified in the IDHW Public Health Communications Plan and will address both the need and structure of the prioritizations. Such



communications will be drafted for high-level policy makers, providers and the health care community and for the general public.

**IDAHO IMMUNIZATION PROGRAM  
OFFICE OF EPIDEMIOLOGY AND FOOD  
PROTECTION**

**Idaho Pandemic Influenza  
Preparedness and Response  
Plan**

**Annex D1- Antiviral Agents**

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IDHW PANDEMIC INFLUENZA ANNEX D1- ANTIVIRAL AGENTS  
SECURITY INSTRUCTIONS / RECORD OF CHANGES / RECORD OF REVIEW

- I. The title of this plan is Idaho Department of Health and Welfare (IDHW) Public Health Pandemic Influenza Preparedness and Response Plan, Annex D1 – Antiviral Agents
- II. This plan contains sensitive and confidential information and should not be distributed outside of the public health community. All organizations tasked by this plan will ensure that necessary action is taken to safeguard any operational information contained within this plan, annexes, and appendices. Facilities described in this plan fall under the protection of Idaho Statute, Title 9, Chapter 3, Section 340 (records exempt from disclosure).
- III. Directors of tasked organizations may extract and reproduce those portions of this document considered essential for planning.
- IV. All changes should be posted as they are received and recorded below.

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## **ANNEX D1 – ANTIVIRAL AGENTS**

**I. PURPOSE:** To identify strategies for the distribution and use of antiviral agents during different stages of an influenza pandemic.

**II. OVERVIEW:** Because an effective vaccine will likely not be available when a novel virus first affects communities, antivirals may play an important role for the control and prevention of influenza, especially — but not only — during the period before vaccine is available; however, the supply of antiviral drugs is likely to be limited. A limited supply of antiviral drugs necessitates prioritization of antiviral recipients. Recommendations for priority groups for antivirals will be established at the national level Idaho will review these recommendations and revise as needed based on local factors. The feasibility of antiviral distribution to high-priority populations may be decreased if most available antivirals are held in the private sector prior to distribution. Adverse events temporally or causally associated with antiviral drug use inevitably will occur; therefore, persons prescribing or taking antiviral agents should be advised of the risks of antiviral use and how to report associated adverse events.

### **III. ACTIVITIES:**

#### **A. Phase 0, level 0 – Inter-pandemic phase**

- Define process through which national recommendations for priority groups will be reviewed.  
In the absence of national recommendations, a vaccines and antivirals working group consisting of the State Epidemiologist, State Health Official, Medical Director for the IDHW Health Preparedness and Response Plan, Immunization Program Manager, Board of Pharmacy representative, District Health Department representative, and a IDHW Health Preparedness Program representative determine high-priority populations, taking into consideration the process and guiding principles outlined in Appendix 1. If national recommendations are available, the working group will review national recommendations and revise as needed based on local factors. The working group will submit recommendations to the Governor's Office and Bureau of Homeland Security. when is this proposed to happen? We should be moving forward with this...
- Quantify high priority populations for *prophylaxis*, and develop drug distribution contingency plans for different antiviral acquisition scenarios.

Once high-priority populations for prophylaxis have been identified (timeline?), the IDHW Bureau of Health Policy and Vital Statistics and District Health Departments will be requested to quantify the high-priority population for each Health District and the State. If characteristics of high-priority populations preclude direct determination of the high-priority population size from Idaho census or other readily available data (e.g., if certain occupational groups are high-priority), the IDHW Bureau of Health Policy and Vital Statistics will quantify high-priority populations by generalizing from other available data and assuming the proportion of high-

priority populations is the same within each health district. The Idaho Department of Commerce and Labor and the Idaho Bureau of Homeland Security will be asked to assist with quantifying populations characterized by type of employment. See Table 1 re distribution plans. (we need to move beyond a “plan to plan” we should be doing this work now..)

- Quantify high priority populations for *therapy*, and develop drug distribution contingency plans for the different possible scenarios. Once high-priority populations for therapy have been identified (timeline?), the IDHW Bureau of Health Policy and Vital Statistics and District Health Departments will be requested to quantify the population (timeline?) If characteristics of high-priority populations preclude direct determination of the high-priority population size from Idaho census or other data, the IDHW Bureau of Health Policy and Vital Statistics will quantify high-priority populations by generalizing from other available data and assuming the proportion of high-priority populations is the same within each health district. The Idaho Department of Commerce and Labor and the Idaho Bureau of Homeland Security will be asked to assist with quantifying populations characterized by type of employment. See Table 1 re distribution plans.
- Determine the amount of amantadine (why just amantadine? Not tamiflu too? that is normally used in Idaho during interpandemic periods. The IDHW Office of Epidemiology and Food Protection and the Bureau of Health Policy and Vital Statistics will submit a request to the IDHW Division of Medicaid to determine the amount of amantadine used in a one-year period by Medicaid enrollees. The Bureau of Health Policy and Vital Statistics will extrapolate to the Idaho population to estimate the amount used by Idahoans in one year in each health district.
- Plan for education and notification of the medical community and of the public around appropriate prescribing information. Education and notification of the medical community and the public will follow the IDHW Communications Plan.
- Coordinate with bordering jurisdictions. Existing Emergency Mutual Aid Compacts between Idaho and bordering states detail the process of sharing state assets among bordering states. Local entities have responsibility for coordinating emergency response with bordering jurisdictions (for their **local** assets) Agreements regarding coordination of emergency response and public health interventions have already been established in some health districts. See Table 1 for coordinating responsibilities. Review workman’s compensation laws as they apply to health care workers and other essential workers who have taken antivirals for prophylaxis and suffer an adverse event
- Consider developing data management systems to track antiviral supplies, distribution, and use. IRIS, the IDHW Immunization Reminder Information System will be evaluated to determine if this system could be legally utilized for this purpose (I thought this was already done?) and whether

modifications will be necessary to record antiviral supplies, distribution, and end-use. Antiviral recipients will be advised to report possible adverse events through MedWatch (<http://www.fda.gov/medwatch/index.html>). The federal government is expected to monitor adverse events reported to MedWatch and make adjustments to recommendations based upon their analysis of such reports. See Table 1 for data tracking responsibilities.

**B. Phase 0, levels 1 and 2 – Novel influenza virus identified**

- Meet with appropriate partners and stakeholders and review major elements of the antivirals plan.  
The Idaho Health Preparedness Joint Advisory Committee has delegated responsibility for antiviral distribution plans to the Idaho Department of Health and Welfare. IDHW will meet with District Health Departments to review major elements of the plan.
- Modify plan as needed to account for updates, if any, on recommended target groups and projected drug supply.  
IDHW and District Health Departments will modify their plans as needed.
- Notify the medical community of the status of the plan and antiviral availability.  
The medical community will be notified in accordance with the IDHW Communications Plan.
- Disseminate antiviral use guidelines to the medical community and conduct training for public health staff involved in antiviral distribution protocols and procedures.  
Antiviral use guidelines will be distributed to the medical community in accordance with the IDHW Communications Plan (or HAN?) IDHW will review antiviral use guidelines with District Health Departments.

**C. Phase 0, level 3-- Human-to-human transmission confirmed**

- Ensure that the human resources and logistics are in place to begin drug distribution and administration, taking into account the need for added staff due to illness.
- Coordinate with bordering jurisdictions.

**D. Phases 1, 2, and 3 -- Confirmation of onset of a pandemic**

- Fully activate antiviral drug distribution plan.
- Continue coordination with bordering jurisdictions.
- Implement data management system for antiviral distribution, use, and supply.



TABLE 1. Antiviral distribution, data management, and coordination with bordering jurisdictions in different acquisition scenarios.

| ANTIVIRAL DRUG ACQUISITION SCENARIO                                 | DISTRIBUTION PLAN                                                                                                                                                                                                                          | DATA MANAGEMENT SYSTEM                                                                                                                                              | COORDINATION WITH BORDERING JURISDICTIONS                                                                                                                                                                                           |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Federal purchase of the existing supply and distribution to states. | 1. IDHW will request shipment directly to providers per DHDs <sup>1</sup> .<br>2. IDHW will request shipment to DHDs. DHDs will activate DHD distribution plans.                                                                           | 1. Federal government tracks distribution to states and providers.<br>2. IDHW tracks orders and distribution to DHDs in IRIS. DHDs track distribution to providers. | Federal distribution will obviate the necessity for coordination of supplies with bordering states.                                                                                                                                 |
| State purchase of antivirals using emergency funds.                 | 1. IDHW will request shipment directly to providers per DHDs <sup>1</sup> .<br>2. IDHW will request shipment to DHDs. DHDs will activate DHD distribution plans.                                                                           | 1. IDHW tracks overall order fulfillment.<br>2. IDHW tracks distribution to DHDs in IRIS. DHDs track distribution to providers.                                     | Existing Emergency Mutual Aid Compacts with bordering states provide for sharing of state-owned assets.                                                                                                                             |
| Federal stockpile with distribution to states.                      | IDHW distributes per SNS plan.                                                                                                                                                                                                             | Federal government tracks distribution to states. IDHW tracks orders and distribution per SNS plan.                                                                 | Federal distribution will obviate the necessity for coordination of supplies with bordering states.                                                                                                                                 |
| Status quo (majority of drugs available in private sector).         | IDHW and the Council of District Directors will meet to discuss strategies for requesting private providers to consider releasing overstock to needy facilities. Emergency funds may be requested by IDHW to support redistribution costs. | Providers requested to record antiviral prescription in IRIS.                                                                                                       | IDHW and the Council of District Directors will meet to discuss strategies for requesting retail and closed-door pharmacies to consider releasing overstock to needy facilities in bordering states once Idaho needs have been met. |

<sup>1</sup>See Appendix 2.

**APPENDIX 1 — Guiding Principles for Determining Prioritization of Populations for Antiviral Prophylaxis****1. CDC guidance documents will be examined.**

A summary of current CDC guidance as of August 2004 follows. The primary goal of antiviral prophylaxis and therapy would be to decrease adverse health impact (morbidity and mortality) and reduce social and economic disruption, supporting overall pandemic response goals. A primary objective of *prophylaxis* is to maintain essential healthcare and public safety services. Prophylaxis of individuals carrying out these services may be desired to minimize disruption of critical public safety activities. A secondary objective will be the prophylaxis of individuals at high risk for severe complications, but limited supplies may restrict antiviral use in these groups. Note that the adamantanes are best suited for prophylaxis. Antiviral *therapy* is likely to have the greatest impact during a pandemic if it is targeted to those who, in the absence of treatment, would go on to adverse health outcomes, either hospitalization or death (high risk groups). The definition of high risk groups should be reassessed during a pandemic based on surveillance data and epidemiological investigations. The need for hospitalization can be used to define, *de facto*, those who are most likely to suffer an adverse outcome and who may benefit from therapy. Note that for a given quantity of neuraminidase inhibitors, treatment is a more efficient strategy to reduce the health impacts of a pandemic than is prophylaxis.

**2. Prioritization goals for Idaho will be determined.**

Idaho's prioritization goals may differ from those recommended by the CDC. Goals of prioritization to be considered include: 1) minimize mortality, 2) minimize morbidity (number of cases of disease), 3) maintain essential services, and 4) minimize economic damage.

**3. Data needed to decide how to meet prioritization goals will be determined, gathered, and reviewed.**

Examples of data that may be required are: 1) number of cases in various populations and size of populations, to calculate attack rate in various populations; 2) mortality rates by age, geography, other demographics; 3) effectiveness of available treatments and/or prophylaxis, including vaccination; and 4) transmission mechanism and rates to evaluate the likelihood of success of other prevention methods. (again – I think we need to determine what our prioritizing goals are, not discuss the process we will undertake to get there.

**4. The Vaccine and Antivirals Working Group will add ad hoc members as needed.**

Once the Vaccine and Antivirals Working Group has determined which data are needed and available, the Working Group will consider adding ad hoc members to the team, such as statisticians, ethicists, hospital representatives, *etc.*

**5. Geographic equity will be observed.**

In the absence of health district-specific data, the distribution of high-priority populations will be assumed to be of equal proportion among health districts.

**6. Subpopulations of special concern will be addressed.**

Subpopulations of special concern may exist within high-priority populations. Such subpopulations include, but are not limited to, people with disabilities, people with serious mental illness, minority groups, the non-English speaking, and the homeless. (are these CDC identified groups? )

**7. Determination of high-priority groups should not unduly delay prophylaxis or treatment.**

IDHW recognizes that any decision regarding prioritization of antivirals is likely to be challenged by advocacy groups, individual citizens, the media, and even healthcare agencies and organizations during or after a pandemic. The natural desire to avoid such challenges should not unduly delay distribution or use of antivirals in Idaho, if such delays could put Idahoans at greater risk of illness. (hmmm? Should this language be in the plan?)

**APPENDIX 2 — Antiviral Request Form**

The following information request will be provided by e-mail to District Health Departments in an Excel® spreadsheet.

| <b>PUBLIC HEALTH DISTRICT ANTIVIRAL SURVEY</b> |                |                  |                |                      |               |                 |
|------------------------------------------------|----------------|------------------|----------------|----------------------|---------------|-----------------|
| <b>Facility Information</b>                    |                |                  |                |                      |               |                 |
| <u>Facility Name</u>                           | <u>Address</u> | <u>Contact #</u> | <u>Contact</u> | <u>Facility Type</u> | <u>County</u> | <u>District</u> |

| <b>Facility Requests and Needs</b> |                                                |                                                |                                                |                                                 |                                                 |                                                 |                                                 |                                          |
|------------------------------------|------------------------------------------------|------------------------------------------------|------------------------------------------------|-------------------------------------------------|-------------------------------------------------|-------------------------------------------------|-------------------------------------------------|------------------------------------------|
| <u>Facility Name</u>               | <u>Amantadine Doses Ordered Manufacturer 1</u> | <u>Amantadine Doses Ordered Manufacturer 2</u> | <u>Amantadine Doses Ordered Manufacturer 3</u> | <u>Amantadine Doses Received Manufacturer 1</u> | <u>Amantadine Doses Received Manufacturer 2</u> | <u>Amantadine Doses Received Manufacturer 3</u> | <u>Additional Amantadine Needed (Yes or No)</u> | <u>Number of Amantadine Doses Needed</u> |

| <b>Facility Requests and Needs</b> |                                  |                                                 | <u>Number of Osetamivir Doses Needed</u> |
|------------------------------------|----------------------------------|-------------------------------------------------|------------------------------------------|
| <u>Osetamivir Doses Ordered</u>    | <u>Osetamivir Doses Received</u> | <u>Additional Osetamivir Needed (Yes or No)</u> | <u>Doses Needed</u>                      |

**IDAHO IMMUNIZATION PROGRAM**

**Idaho Pandemic Influenza  
Preparedness and  
Response Plan**

**Annex E1: Communications**

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IDHW PANDEMIC INFLUENZA ANNEX E1- COMMUNICATIONS  
SECURITY INSTRUCTIONS / RECORD OF CHANGES / RECORD OF REVIEW

I. The title of this plan is Idaho Department of Health and Welfare (IDHW) Public Health Pandemic Influenza Preparedness and Response Plan, Annex XXX – Vaccine Delivery, Monitoring and Safety Plan.

II. This plan contains sensitive and confidential information and should not be distributed outside of the public health community. All organizations tasked by this plan will ensure that necessary action is taken to safeguard any operational information contained within this plan, annexes, and appendices. This plan falls under the protection of chapter 3, Title 9, Idaho Statute; records exempt from disclosure.

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## **Annex E1 - COMMUNICATIONS**

### **II. PURPOSE:**

To identify and address Pandemic Influenza specific communications needs and priorities, so as to minimize communication problems during a pandemic. All the communication related materials will cooperatively fit into IDHW Public Health Emergency Communication Plan.

### **V. OVERVIEW :**

During a public health emergency, risk communication and information dissemination to educate the media, public, partners, and stakeholders regarding risks associated with a real or obvious threat is crucial for an effective public response. The Idaho Department of Health and Welfare (IDHW) has developed a Public Health Emergency Communication Plan that addresses steps to be taken to verify the situation, conduct notification, conduct assessment, organize assignments, prepare information, obtain approvals, release information, obtain feedback, and conduct public education.

As IDHW has already crafted the IDHW Public Health Emergency Communications Plan, which has already addressed a majority of the communication issues, this document will only touch on those directly related to Pandemic Influenza planning.

The development of Pandemic Influenza specific education and communications materials will be done in conjunction with the CDC and will include:

- Basic communication materials (such as question and answer sheets and fact sheets) on influenza, influenza vaccine, antiviral agents, and other relevant topics in various languages
- General preventative measures such as “do’s and don’ts” for the general public
- Information and guidelines for health care providers
- Training modules (Web-based, printed, and video)
- Presentations, slide sets, videos and documentaries
- Symposia on surveillance, treatment and prophylaxis

Because of anticipated shortages of both vaccine and antivirals, development of messages informing the population about availability and addressing the rationale for prioritization and measures to be taken until such are available will be critical. Other important topics include: basic information about influenza (including symptoms and transmission), information about the course of the pandemic (contagiousness, geographic spread and case counts), information about which symptoms should prompt seeking medical assistance and which symptoms should be managed at home, information about school and business closures and suspended public meetings, and information about travel restrictions and quarantine laws.

### **VI. ACTIVITIES:**

This document describes the communication plans and activities that are suggested to prepare for a possible influenza pandemic and activities that would be needed to respond to such and outbreak. The goals of this annex are to provide local and state communication guidance to:

- Provide accurate, consistent and comprehensive information about influenza and pandemic influenza

- Instill and maintain public confidence in the state's public health system and its ability to respond to and manage a pandemic influenza outbreak
- Contribute to the maintenance of order, minimization of public panic and fear, and facilitation of public protection through the provision of accurate, rapid and complete information
- Address rumors, inaccuracies, and misperceptions as quickly as possible and prevent stigmatization of affected groups

#### A Pandemic Phases

1. Phase 0, level 0 – Interpandemic phase
  - The IDHW Public Health Emergency Communications Plan has identified spokespersons who have undergone training. It has also identified the most effective communication channels, how to update these, establishment of hot lines, Web access and coordination between federal state and local jurisdictions. All planning around influenza pandemic communications will fit the model set forth by the IDHW Public Health Emergency Communication Plan.
  - IDHW is developing responses to anticipated influenza and influenza pandemic questions. In addition, work on commonly asked questions and links to CDC and WHO websites is currently underway
  - IDHW has pre-crafted messages for the public health community, providers and general public related to influenza. These messages are currently updated as needed. Educational materials are also in constant review and development. Utilizing these materials for pandemic influenza would allow a quick turn-around time with minimal effort
2. Phase 0, level 1 and 2 – Novel Influenza virus identified
  - IDHW will review and revise all influenza related materials as needed.
  - The IDHW 211 Care-line is active Monday – Friday 8-5 to answer related questions. All scripted materials will be updated and revised as needed. 
  - As new information becomes available related to influenza and pandemic influenza, all partners and the general public will be updated on a regular basis
  - Efforts to coordinate with local and bordering jurisdictions are on-going efforts. 
3. Phase 0, level 3 – Human-to-human transmission confirmed
  - IDHW Bureau of Communication and Public Information, in conjunction with the Division of Health will review major and critical elements of the IDHW Idaho Public Health Preparedness and Response Plan, specifically the IDHW Idaho Pandemic Influenza Preparedness and Response Plan and the IDHW Public Health Emergency Communications Plan
  - Continue rapid and accurate dissemination of influenza pandemic information to public, partners and the media on a regular basis
  - Monitor media coverage and address misinformation.
  - Continue to coordinate with local and bordering jurisdictions
4. Phase 1, 2, and 3 – Confirmation of onset of a pandemic
  - Review and modify messages and education and needed

- Continue to monitor media coverage and address misinformation or out of synch messages
- Continue to disseminate credible information as it becomes available to the public and all partners
- Continue close coordination with local and bordering jurisdictions.

