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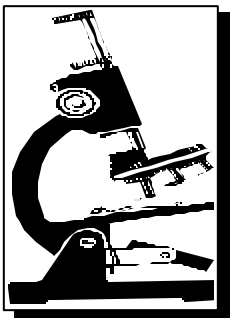

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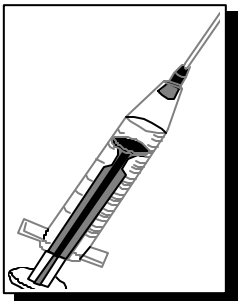

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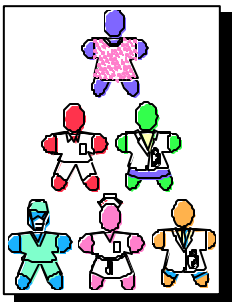

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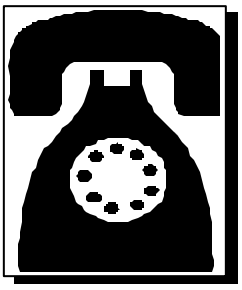

Communications

INFLUENZA PANDEMIC PREPAREDNESS PLAN

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF COMMUNITY AND PUBLIC HEALTH
6 HAZEN DRIVE

FINAL DRAFT #2-A

Influenza Pandemic Preparedness Plan
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TABLE OF CONTENTS

I. Introduction

BACKGROUND

Influenza viruses are distinctive in their ability to cause sudden, pervasive illness in all age groups on a global scale. Pandemic influenza is considered to be a relatively high probability event, even inevitable by many experts. Given the potential for rapid virus transmission and evolution, there may be as little as one to six months warning before outbreaks begin in the United States. Outbreaks are expected to occur simultaneously throughout much of the country and in the state as well, preventing shifts in human and material resources that normally occur in most other natural disasters. The impact of the next pandemic could have devastating effects on the health and well being of New Hampshire citizens. Estimates suggest up to 169,000 persons (14% of the state's population) could be infected. Further predicted complications include a shortage of vaccine and antiviral agents and the increased risk of exposure for health care and essential personnel.

PROCESS

To prepare for the next pandemic, public health officials from around the world have begun preemptive planning to reduce influenza related morbidity, mortality, social disruption and economic loss. Pre-pandemic planning helps to forge new and better communication between the public health and emergency response sectors. The development of the New Hampshire Influenza Pandemic Preparedness Plan was modeled on the Centers for Disease Control and Prevention (CDC) guidance, *Pandemic Influenza: Planning Guide for State and Local Officials*, Version 2.1, January 1999. The pandemic phases used in this plan are based on phasing outlined in the World Health Organization's (WHO) *Influenza Pandemic Preparedness Plan: The Role of WHO and Guidelines for National and Regional Planning*, Geneva, Switzerland, April 1999. The New Hampshire plan represents a shared effort to coordinate services to save lives and protect the public's health and safety in the event of an influenza pandemic. The plan was developed by the New Hampshire Department of Health and Human Services' (DHHS) Communicable Disease Surveillance and Immunization Program staff, with guidance from the Executive Committee that periodically reviewed and commented on the plan as it was being developed. The Executive Committee consists of representatives from two local health departments, a physician specializing in infectious diseases, an infectious disease coordinator in a large city health facility, a CDC Epidemic Intelligence Service Officer, a representative from the New Hampshire Office of Emergency Management (NH OEM), the State Medical Director, the State Epidemiologist, and other officials from DHHS.

ASSUMPTIONS

The development of New Hampshire's Influenza Pandemic Preparedness Plan was based on the following assumptions.

- The federal government will assume the responsibility of vaccine research and development.
- There will likely be limited supplies of vaccines and antiviral agents, and therefore priority groups for vaccination should be developed based on guidance from the Centers for Disease Control and Prevention.
- A novel influenza virus strain will likely emerge in a country other than the United States, but a novel strain could emerge first in the United States and possibly first in New Hampshire.

- With the emergence of a novel influenza virus strain, it is likely that all persons will need two doses of vaccine to achieve optimal antibody response.
- The federal government has limited resources allocated for state and local plan implementation, and therefore, the state will be expected to provide supplementary resources in the event of a pandemic, which may include the redirection of personnel and monetary resources from other programs.
- The federal government has assumed responsibility for devising a liability program for vaccine manufacturers and persons administering the vaccine.
- The federal government has assumed the responsibility for developing "generic" guidelines and/or information templates, including influenza fact sheets, guidelines for triage and treatment of influenza patients, and guidelines for distribution and use of antiviral agents, that can be modified at the state and local level. Until these are developed, the state has the responsibility to develop such guidelines for its citizens.

RESPONSIBILITIES

A variety of state agencies and resources play critical roles in carrying out this plan. They include the following DHHS staff: State Epidemiologist, State Medical Director, Public Information Office, Health Officer Liaison, Office of Community and Public Health Director, and Public Health Laboratories. The NH OEM also plays a crucial role in the Plan. On the local level, there are three existing local health departments in the cities of Berlin, Manchester and Nashua. Each community in the state, including those without existing health departments, should consider developing an influenza pandemic plan.

DHHS will continue with normal day-to-day operations during pre-pandemic periods. During a pandemic, DHHS will have primary responsibility for 1) supplying and controlling inventories of vaccines and antiviral agents, 2) making recommendations to aid in controlling the spread of influenza, 3) maintaining surveillance systems to monitor the spread of disease, and 4) keeping the public informed of disease outbreaks. When the capacity of DHHS to carry out these functions has been reached, the NH OEM will be called in to assist. The ultimate goals are to reduce morbidity and mortality, hospitalizations, economic loss and disruption of normal daily life.

ORGANIZATION OF THE PLAN

National pandemic planning is divided into six phases, from early identification of a novel virus to resolution of pandemic cycling. These phases are determined and announced by the CDC in collaboration with the World Health Organization (WHO). The New Hampshire plan follows the same phase guidelines, prescribing necessary activities and identifying responsible parties by pandemic phase. The four essential components that were spelled out in the CDC guidance are presented in Part VII of this plan (see table of contents). These four components are A) Surveillance, B) Vaccine and Antiviral Agent Delivery, C) Emergency Response, and D) Communication. This section outlines activities to be undertaken during specific pandemic phases, with each component divided by pre-pandemic and pandemic activities. Each activity is assigned to a responsible unit or units. Part VIII of the plan has the same activities and pandemic phasing, but is organized by responsible unit(s) or role. The intent of this section is to provide each responsible party a section delineating his or her individual activities. Part IX of the plan has the same activities, but is organized by pandemic phase and divided into pre-pandemic activities and pandemic activities. In this section, all activities in the four components can be reviewed by pandemic phase.

PLAN MAINTENANCE

New Hampshire's Influenza Pandemic Preparedness Plan is intended to be a plan that requires periodic revisions as situations in the state change and as guidance from CDC is updated. It will be reviewed on an annual basis by staff from Communicable Disease Surveillance and Executive Committee members, and revised as appropriate.

CONCLUSION

Timely and efficient response to a pandemic influenza threat is the best way to prevent devastating impact on state systems and citizens. Support from regional and local groups and officials will ensure a comprehensive, flexible plan of response designed to minimize the threats from pandemic illness and protect the health of New Hampshire citizens and the disruption of communities.

II. Telephone Contact List

Responsible Party	**Telephone number**
Berlin Health Department	(603) 752-1272
DHHS Bureau of Communicable Disease Control	(603) 271-4496
DHHS Bureau of Communicable Disease Surveillance	(603) 271-0279
DHHS Director, Office of Community & Public Health	(603) 271-4501
DHHS Health Officer Liaison	(603) 271-4781
DHHS Immunization Program	(603) 271-4482
DHHS Public Health Laboratories	(603) 271-4661
DHHS Public Information Office	(603) 271-4822
DHHS State Epidemiologist	(603) 271-4477 or 271-4476
DHHS State Medical Director	(603) 271-8560
Manchester Health Department	(603) 624-6466
Nashua Health Department	(603) 589-4500
NH Office of Emergency Management	(603) 271-2231 or 1-800-852-3792

III. Record of Revisions And Changes

1.	Final Draft completed	February 28, 2001
2.	Final Draft #2 completed	March 26, 2001
3.	Final Draft #2-A completed	April 23, 2001

IV. Pandemic Phase Chart

Decisions for the identification and declaration of pandemic phases, defined in the following table, will be done at the national level. This decision making process will help to ensure a consistent and coordinated response by federal, state and local agencies in the event of an influenza pandemic.

All activities listed in this document should be initiated during the assigned pandemic phase. Some activities will continue during subsequent phases.

PANDEMIC PHASE	DEFINITION
Phase 0, Level 0	• Inter-Pandemic period. No indication of new virus type.
Phase 0, Level 1	• Inter-Pandemic period. New influenza strain in a single human.
Phase 0, Level 2	• Novel Virus Alert. Human infection confirmed in 2 or more humans.
Phase 0, Level 3	• Human Transmission Confirmed. Person to person spread in the general population.
Phase 1	• Confirmation of Onset of Pandemic. Several outbreaks in at least one country, & spread to other countries.
Phase 2	• Pandemic. Outbreaks & epidemics in multiple countries, spreading region by region across the world.
Phase 3	• End of First Wave. Activity in initially affected regions/countries stopped; outbreaks still occurring elsewhere.
Phase 4	• Second or Later Waves. Second outbreak in a region, 3-9 months after initial wave.
Phase 5	• Post-Pandemic. Pandemic period over, likely 2-3 years after onset.

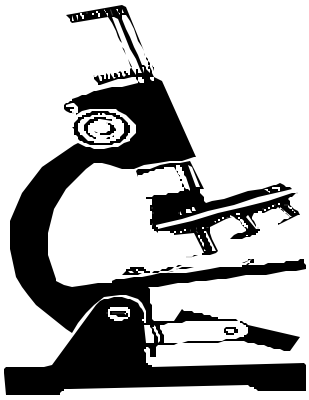
The pandemic phases above are based on phasing outlined in the World Health Organization's (WHO) *Influenza Pandemic Preparedness Plan: The Role of WHO and Guidelines for National and Regional Planning,* Geneva, Switzerland, April 1999.

V. Abbreviations Used in This Document

BCDC	DHHS, Bureau of Communicable Disease Control
BCDS	DHHS, Bureau of Communicable Disease Surveillance
CDC	Centers for Disease Control and Prevention
DHHS	Department of Health and Human Services
HOL	DHHS, Health Officer Liaison
IP	DHHS, Immunization Program
IPPP	Influenza Pandemic Preparedness Plan
MD	DHHS, State Medical Director
NH	New Hampshire
NH OEM	New Hampshire Office of Emergency Management
OCPH	DHHS, Office of Community and Public Health
PHL	DHHS, Public Health Laboratories
PIO	DHHS, Public Information Office
SE	DHHS, State Epidemiologist
VAERS	Vaccine Adverse Events Reporting System
WHO	World Health Organization

VI. STATUTORY AUTHORITY

Statute	Agency	Authority
US Public Law 93-288	Federal government	• Provides authority to respond to emergencies and provide assistance to protect public health; implemented by Federal Emergency Management Act
RSA 107-C: Emergency Management Act	Governor NH Office of Emergency Management (NH OEM)	• Allows Governor to declare a state of emergency • Gives Governor direction and control of emergency management • Allows Governor to delegate authority to NH OEM Director to carry out necessary functions to preserve lives of the people of NH during an emergency
RSA 141-C: Communicable Disease	Department of Health and Human Services (DHHS)	• Authorizes the Department to purchase and distribute pharmaceutical agents to prevent the acquisition and spread of communicable disease • Authorizes the Department to adopt rules to distribute prescription pharmaceuticals in public clinics • Establishes a vaccine purchase fund for the purchase of antitoxins, serums, vaccines and immunizing agents
RSA 99-D: Defense & Indemnification of State Officers & Employees	DHHS	• Protects state employees who administer immunizations as part of their official duties
RSA 541-A	State Agencies	• Allows state agencies to adopt emergency rules when there is imminent peril to public health or safety, without going through normal rule making process



A. SURVEILLANCE

A. Surveillance

Overview

Introduction

Laboratory-based surveillance, the isolation of the influenza virus and the analysis of its antigenic and genetic properties, and disease-based surveillance, the study of the epidemiology and clinical aspects of the disease, are crucial for detecting a novel influenza strain and for aiding in decision making. Both types of surveillance should be conducted in the pre-pandemic and pandemic phases.

Concept of Operations

The Department of Health and Human Services (DHHS) has the responsibility for maintaining laboratory-based and disease-based surveillance systems. DHHS regularly participates in Centers for Disease Control and Prevention (CDC) influenza surveillance programs, including the Influenza Morbidity as Assessed by State and Territorial Epidemiologists program and the U.S. Influenza Sentinel Physician Surveillance Network. DHHS communicates with CDC about influenza activity in the state and will send any unusual isolates of the influenza virus to CDC. In the event of a pandemic, DHHS will initiate additional surveillance activities.

FINAL DRAFT #2-A

1. PRE-PANDEMIC

The activities listed in the table below are activities that should be undertaken during inter-pandemic years. In the event of an influenza pandemic, activities that should continue and/or be enhanced are marked as such.

Responsible Unit(s): New Hampshire Department of Health & Human Services:
Bureau of Communicable Disease Surveillance (BCDS)
Public Health Laboratories (PHL)
State Epidemiologist (SE)

Pandemic Phase	Activity	Responsible Unit(s)	Date Completed /Updated
Phase 0, Level 0	Educate health care providers on disease-based surveillance and virologic surveillance for influenza §	BCDS PHL	
	Coordinate the activities of sentinel health care provider sites participating in CDC's "U.S. Influenza Sentinel Physician Surveillance Network" from October through mid-May §	BCDS	
	Recruit new sentinel sites as needed each year to maintain at least one representative site in all NH counties and in the cities of Manchester and Nashua §	BCDS	
	Monitor sentinel site reporting activity to CDC and provide monthly reports to the sentinel sites regarding influenza activity in NH and in the U.S. based on influenza-like illness and virologic data §	BCDS	
	Explore feasibility of establishing an alternate sentinel group and conducting influenza surveillance with this group throughout the year	BCDS	
	Submit weekly reports on the level of influenza activity in the state to CDC as part of CDC's "Influenza Morbidity as Assessed by State and Territorial Epidemiologists" program §	BCDS	
	Write and distribute guidelines for sentinel sites for the collection of influenza specimens §	BCDS	
	Maintain courier service to major population sites that would be available for transport of influenza specimens §	PHL	
	Perform influenza testing and subtyping on throat or nasopharyngeal swab specimens and send unusual specimens to the CDC for further antigenic characterization §	PHL	

§ Indicates activity that should be continued and/or enhanced

FINAL DRAFT #2-A

Pandemic Phase	Activity	Responsible Unit(s)	Date Completed /Updated
Phase 0, Level 0	Monitor CDC information on influenza strains seen in other states [§]	BCDS	
	Request that Office of Information Systems update computer software and hardware as needed to allow the state to continue to participate in CDC-sponsored surveillance activities via the NETSS system	BCDS	
	Request that Office of Information Systems update computer software and hardware as needed to allow the state to continue to submit weekly influenza surveillance reports to CDC through PHLIS	PHL	
	Maintain a database of virologic testing results [§]	PHL	
	Maintain a database of sentinel reporting histories and a database of sentinel data of influenza-like illness activity [§]	BCDS	
Phase 0, Level 1	Monitor bulletins from CDC regarding influenza and novel strains isolated within or outside of the U.S. [§]	SE	
Phase 0, Level 3	Conduct active surveillance for influenza-like illness among health care workers, and at schools and nursing homes	BCDS	
	Request from Health Statistics & Data Management death certificate data on unexplained deaths and influenza related mortality; review death certificate data [§]	BCDS	
	Develop a sampling scheme for virologic testing during a pandemic	BCDS	
	Obtain reagents from CDC to detect a novel influenza strain	PHL	
	Provide surveillance data to each other daily and to Influenza Pandemic staff when requested	PHL BCDS	

[§] Indicates activity that should be continued and/or enhanced

FINAL DRAFT #2-A

2. PANDEMIC

In addition to the regular pre-pandemic activities that are to be continued and/or enhanced, the following activities should also be done in the event of an influenza pandemic.

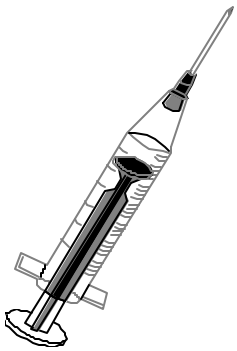
Pandemic Phase	Activity	Responsible Unit(s)	Date Completed /Updated
Phase 1	Conduct special studies in concert with local public health officials and clinicians based on established CDC protocols [§]	BCDS	
	Enhance active surveillance activities for influenza-like illness among health care workers, and at schools and nursing homes [§]	BCDS	
	Enlist other laboratories around the state to help with influenza testing if necessary (See Appendix D for list of laboratories)	PHL	
Phase 2	Provide data on epidemiology of the pandemic when requested [§]	BCDS	

Notes:

U.S. Influenza Sentinel Physician Surveillance Network definition of Influenza-like Illness:

1) Fever ≥ 100° F [37.8° C], oral or equivalent **AND** 2) cough and/or sore throat

[§] Indicates activity that should be continued and/or enhanced



B. VACCINE AND ANTIVIRAL AGENT DELIVERY

B. Vaccine and Antiviral Agent Delivery

Overview

Introduction

Vaccination is the best way to prevent influenza. However, since an influenza pandemic will involve a novel strain of influenza, it will take at least six months to produce an appropriate vaccine. Depending on where the strain is identified and how it moves, vaccine may or may not be available by the time it reaches New Hampshire.

Antiviral agents are drugs that interfere with the replication of influenza viruses and can be used to treat or to help prevent influenza illness. These drugs are normally used to protect people who cannot tolerate influenza vaccine. However, during a pandemic, when vaccine may not be available, antiviral agents may provide the only means of protection. The supplies of antiviral agents will be limited because of the increased demand worldwide for treatment and prevention of influenza and other viral diseases.

Concept of Operations

The Department of Health and Human Services (DHHS) will have responsibility for the development of recommendations for the use of antiviral agents and/or vaccines. DHHS will also have the responsibility of designating which groups of essential personnel and risk groups within the general public will receive antiviral agents and/or vaccines.

In the event of limited supplies of antiviral agents and/or vaccines, DHHS will establish the methods by which those supplies will be distributed: either through the current medical delivery system or through additional public clinics.

Given the likely possibility that supplies of antiviral agents and/or vaccines will be severely limited, inventories will need to be strictly controlled. Every part of the distribution system will require security to protect supplies.

DHHS will have primary responsibility for supplying vaccines and controlling inventories. In the event of a pandemic and DHHS has reached its capacity to carry out these functions, the Office of Emergency Management will be called in to assist.

FINAL DRAFT #2-A

1. PRE-PANDEMIC

The activities listed in the table below are activities that should be undertaken during inter-pandemic years. In the event of an influenza pandemic, activities that should continue and/or be enhanced are marked as such.

Responsible Unit(s): New Hampshire Department of Health & Human Services (NH DHHS):
Bureau of Communicable Disease Surveillance (BCDS)
Health Officer Liaison (HOL)
Immunization Program (IP)
State Epidemiologist (SE)
State Medical Director (MD)
New Hampshire Office of Emergency Management (NH OEM)

Pandemic Phase	Activity	Responsible Unit(s)	Date Completed /Updated
Phase 0, Level 0	Develop a plan for providing influenza vaccine and antiviral agents to priority groups and the general population, with considerations for the following possibilities: 1) no vaccines, 2) a severe vaccine shortage, 3) a moderate vaccine supply available, and 4) vaccine supply adequate	IP	
	Recommend a list of priority groups for receipt of influenza vaccine and anti-viral medication in the event of a pandemic	SE	
	Promote increased influenza vaccine and pneumococcal vaccine coverage levels in traditional high risk groups by participating in statewide adult immunization coalitions §	IP	
	Encourage the New Hampshire Medical Society, other physicians and health care providers in general to promote increased influenza vaccine and pneumococcal vaccine coverage levels in traditional high risk groups	IP	
	Foster greater promotion and utilization of pneumococcal vaccine through educational opportunities offered to physicians by the Public Health Training Network and state level conferences or grand rounds §	IP	
	Ensure that adverse events following vaccination are reported through the Vaccine Adverse Events Reporting System (VAERS) §	IP	

§ Indicates activity that should be continued and/or enhanced

FINAL DRAFT #2-A

Pandemic Phase	Activity	Responsible Unit(s)	Date Completed /Updated
Phase 0, Level 0	Review legal authorities and pursue authorizing legislation as needed to conduct activities as outlined in this plan	SE	
	Establish agreements with commercial companies to obtain key supplies (see Clinic Supply List in Appendix B) on short notice during an influenza pandemic	IP	
	Ensure that the local health officers understand the Influenza Pandemic Plan and how the direction and control of activities will occur [§]	HOL	
Phase 0, Level 3	Request baseline population data from Health Statistics & Data Management for recommended vaccine/antiviral groups	BCDS	
	Determine who will actually receive available vaccine and/or antiviral supplies in both public and private sector; modify vaccine and/or antiviral distribution recommendations based on coverage and epidemiology	SE	

[§] Indicates activity that should be continued and/or enhanced

2. PANDEMIC

In addition to the regular pre-pandemic activities that are to be continued and/or enhanced, the following activities should also be done in the event of an influenza pandemic.

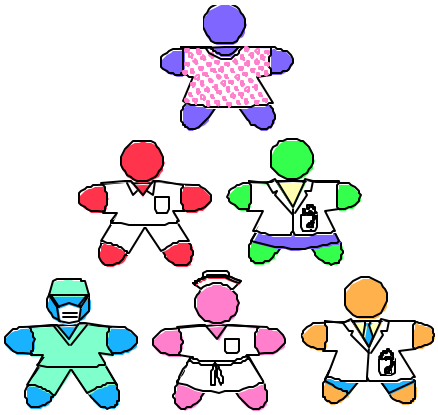
Pandemic Phase	Activity	Responsible Unit(s)	Date Completed /Updated
Phase 1	Coordinate with surrounding jurisdictions and local health agencies to establish public distribution clinics [§]	MD	
	Handle antiviral medication prescriptions [§]	MD	
	Act as resource for local agencies who are setting up clinics [§]	IP	
	Assist NH DHHS staff as needed to find available personnel, resources, supplies and facilities to establish local emergency immunization clinics [§]	NH OEM	
	Purchase vaccines and/or anti-viral agents as they become available; pack all vaccines and/or anti-virals and clinic supplies for delivery [§]	IP	
	Distribute vaccine and/or anti-viral supplies to public and private sector using current distribution system and VACMAN for inventory tracking; modify distribution system as needed to ensure optimal coverage [§]	IP	
	Assist in arranging for transport of all vaccines and/or antivirals and clinic supplies to and from public clinics [§]	NH OEM	
	Ensure the provision of security for supplies at distribution center [§]	NH OEM	
Phase 2	Contact disaster storage sites if additional storage is needed (See Appendix E for list of sites)	IP	

Notes:
In the event of limited supplies of influenza vaccines and antiviral agents, the list of priority groups for vaccination will be based on guidance from the Centers for Disease Control and Prevention.

See Appendix B for Influenza Immunization Clinic Guidelines.

See Appendix C for Clinical Practice Guidelines for Influenza Immunization.

[§] Indicates activity that should be continued and/or enhanced



C. EMERGENCY RESPONSE

C. Emergency Response

Overview

Introduction

The next influenza pandemic is likely to pose a series of unique challenges that will likely not be accounted for in New Hampshire's Emergency Operations Plan. Unlike the typical focal disaster, the influenza pandemic will be widespread, with many geographical areas affected simultaneously. If influenza-associated illness is especially severe, local health services could easily become overwhelmed very quickly. Community services and community order and security will likely become disrupted as infection sweeps through the population. Community servants themselves (police, firemen, EMS and medical care personnel, etc.) will just as likely be affected by influenza as the community at large.

Concept of Operation

The Department of Health and Human Services (DHHS) will be charged with making recommendations to aid in controlling the spread of influenza. DHHS will continue normal day-to-day operations during pre-pandemic periods. In the event of a pandemic and when the capacity of DHHS to carry out these functions has been reached, the New Hampshire Office of Emergency Management will be called in to assist in reducing morbidity, disability, hospitalization, mortality, economic loss and disruption of normal daily life.

In the event of an influenza pandemic, essential life support needs will be addressed by this plan. Mental health, social and casualty services must also be addressed as part of emergency response and pandemic preparedness.

FINAL DRAFT #2-A

1. PRE-PANDEMIC

The activities listed in the table below are activities that should be undertaken during inter-pandemic years. In the event of an influenza pandemic, activities that should continue and/or be enhanced are marked as such.

Responsible Unit(s): New Hampshire Department of Health & Human Services:
Bureau of Communicable Disease Control (BCDC)
Bureau of Communicable Disease Surveillance (BCDS)
Director, Office of Community and Public Health (Dir, OCPH)
Health Officer Liaison (HOL)
State Epidemiologist (SE)
State Medical Director (MD)
New Hampshire Office of Emergency Management (NH OEM)

Pandemic Phase	Activity	Responsible Unit(s)	Date Completed /Updated
Phase 0, Level 0	Evaluate the readiness of all hospitals in the state in the event of a natural emergency	BCDS	
	Estimate the number of hospitalizations and deaths that would occur in the event of a pandemic	BCDS	
	Develop a contingency plan to obtain needed supplies and critical equipment (e.g. antibiotics, hospital beds, ventilators)	BCDC	
	Develop and conduct local training exercises, in conjunction with a local hospital, town/city officials and health officers, to simulate patient load and triage	BCDS	
	Develop a list of non-traditional medical settings that could be utilized during a pandemic	NH OEM	
	Develop a list of Mental Health Services available in the state	BCDS	
	Collaborate with the Board of Funeral Directors and State Medical Examiner to obtain/develop a mortuary services plan	MD	
	Develop a plan to reach certain high-risk groups (e.g., poor, homeless, undocumented aliens) to facilitate access to vaccination or treatment	NH OEM	
	Develop a contingency plan to provide food, medical and other essential life support needs for persons confined to their homes; enlist appropriate military personnel, such as the National Guard, and/or volunteers as needed	NH OEM	

§ Indicates activity that should be continued and/or enhanced

FINAL DRAFT #2-A

Pandemic Phase	Activity	Responsible Unit(s)	Date Completed /Updated
Phase 0, Level 0	Develop a comprehensive plan for providing home care during the pandemic on short notice, including volunteer roster development, rapid volunteer pre-screening, and standard operating procedures	NH OEM	
Phase 0, Level 3	Develop comprehensive plans for providing medical care by adapting national guidelines to the local influenza outbreak(s)	MD	
	Obtain and distribute CDC developed health care provider education modules, including guidelines for the management of uncomplicated influenza, secondary bacterial pneumonia, antibiotic resistance and the use of antiviral agents, etc. §	BCDC	
	Obtain and distribute CDC developed public education modules §	BCDC	
	Obtain and distribute CDC developed guidelines for hospital administrators (e.g., patient triage, employee health, postponement of elective surgery, etc.); develop guidelines for hospital administrators if not available from CDC §	BCDC	
	Ensure that human resources and logistics are in place to provide medical care and to maintain essential community services §	BCDC	

§ Indicates activity that should be continued and/or enhanced

2. PANDEMIC

In addition to the regular pre-pandemic activities that are to be continued and/or enhanced, the following activities should also be done in the event of an influenza pandemic.

Pandemic Phase	Activity	Responsible Unit(s)	Date Completed /Updated
Phase 1	Designate/reassign Public Health Nurse Coordinators and other Office of Community and Public Health staff as needed to staff community influenza clinics and maintain delivery of health care [§]	Dir, OCPH	
	Establish financial and logistical mechanisms for obtaining and distributing all necessary medical supplies	NH OEM	
	Implement contingency plans as needed for obtaining critical supplies and equipment [§]	BCDC	
	Work with the local Health Officers, city/town volunteer firefighters, and/or EMT's to identify homebound individuals [§]	HOL	
	Direct volunteer coordinators who will assume a key role in managing emergency home care operations at the local level [§]	NH OEM	
	Continue to coordinate activities with bordering jurisdictions [§]	BCDC BCDS	
Phase 2	Inform the Commissioner that the influenza outbreak has reached pandemic proportions and that a state of emergency should be declared	Dir, OCPH	
	Recommend to each state department Commissioner to close and/or cancel daily operations, public events, and to impose recommended curfews	SE	

Notes:

Local agencies and organizations that may assist on local level:

AARP
Local Health Departments
Meals on Wheels
Red Cross
Senior Citizen Groups
Visiting Nurse Associations

[§] Indicates activity that should be continued and/or enhanced

D. COMMUNICATIONS

D. Communications

Overview

Introduction

Open flow of information between state agencies and local health departments and the dissemination of accurate and timely information to New Hampshire citizens will be essential to help control the spread of influenza illness and the spread of panic in the event of an influenza pandemic. New Hampshire's Department of Health and Human Services (DHHS) emergency communications function includes utilization of the following: personnel currently employed by state and local health departments; federal, state and local resources and equipment; and volunteers necessary to coordinate and distribute information during influenza pandemic phases.

Concept of Operations

As part of its day-to-day activities, DHHS has primary responsibility for keeping the public informed of disease outbreaks and helping to control and prevent the spread of disease. In the event of an influenza pandemic, and if DHHS has reached its capacity to carry out these functions, the New Hampshire Office of Emergency Management (NH OEM) will be called in to assist.

The Director of the Office of Community & Public Health will ensure that the proper personnel give out the appropriate information. NH OEM will assist in establishing this communications structure as needed. Key communicators will be established to help ensure that accurate and consistent information is given to the press.

During a pandemic, a daily press conference will be held by the State Epidemiologist or another appointed official to effectively communicate with the media and the public. Daily information may also be available to the press through web-based sources. If supplies of vaccines and antivirals are limited, DHHS may need to explain to the media and the public how decisions were made regarding who receives vaccine and antivirals.

FINAL DRAFT #2-A

1. PRE-PANDEMIC

The activities listed in the table below are activities that should be undertaken during inter-pandemic years. In the event of an influenza pandemic, activities that should continue and/or be enhanced are marked as such.

Responsible Unit(s): New Hampshire Department of Health & Human Services:
Bureau of Communicable Disease Control (BCDC)
Bureau of Communicable Disease Surveillance (BCDS)
Director, Office of Community and Public Health (Dir, OCPH)
Health Officer Liaison (HOL)
Immunization Program (IP)
Public Information Office (PIO)
State Epidemiologist (SE)
State Medical Director (MD)

Pandemic Phase	Activity	Responsible Unit(s)	Date Completed /Updated
Phase 0, Level 0	Send request to Office of Information Systems (OIS) to assess web site capacity	BCDS	
	Collaborate with OIS to develop a plan to boost web site capacity in the event of an emergency	BCDS	
	Upgrade extensive fax database with new software that will have the ability to fax to several hundred sites simultaneously; collaborate with the Health Alert Network for rapid broadcast faxing	IP	
	Develop a list of communication systems available within the state	PIO	
	Ensure the existence of letters of agreements with other State Departments so that communications systems can be shared	PIO	
	Catalog potential mechanisms and sources for redirection of calls from the general public and develop re-routing "hot line" schemes for temporary use	Dir, OCPH	
	Develop a contingency plan to ensure staff will be re-assigned to handle an increase in calls from the public to address influenza issues; create a plan for coverage if current phone coverage capacity is exceeded	Dir, OCPH	
	Obtain the national communications plan currently being developed by CDC on guidelines for public information campaigns and effective media relations; modify as necessary for use in NH	PIO	

§ Indicates activity that should be continued and/or enhanced

FINAL DRAFT #2-A

Pandemic Phase	Activity	Responsible Unit(s)	Date Completed /Updated
Phase 0, Level 0	Develop a campaign to counteract "misinformation" and anti-vaccine treatment measures [§]	IP	
	Develop comprehensive, multi-lingual communication strategies for transmitting and exchanging information between public health authorities, practitioners, and the general public	PIO	
	Collaborate with the Toll-Free Language Line (managed by the Bureau of Emergency Medical Services) to develop multi-lingual communication strategies for an early warning system	PIO	
	Identify and publicize a central "information office" established at the state level to assure consistency of information transfers on influenza status [§]	Dir, OCPH	
	Provide education on influenza pandemic preparation by presenting the completed IPPP to key decision makers (i.e. Medical Society, Nurses Assoc., Infection Control Practitioners, Medical Examiner, Department of Safety, etc.)	BCDS	
	Develop Public Service Announcements to promote the importance of Influenza and Pneumococcal Immunizations and the value of preventative measures such as hand washing	PIO	
Phase 0, Level 1	Monitor and receive pandemic forecasts from the Centers for Disease Control and Prevention [§]	SE	
Phase 0, Level 3	Provide a forecast of the pandemic phases to the Director and State Medical Director [§]	SE	
	Provide a forecast of the pandemic phases to the Commissioner [§]	Dir, OCPH	
	Advise the city/town Health Officers of forecasts of the pandemic phases [§]	HOL	
	Develop triage protocols for 911 staff and assist in training staff if needed	BCDC	

[§] Indicates activity that should be continued and/or enhanced

2. PANDEMIC

In addition to the regular pre-pandemic activities that are to be continued and/or enhanced, the following activities should also be done in the event of an influenza pandemic.

Pandemic Phase	Activity	Responsible Unit(s)	Date Completed /Updated
Phase 1	Designate set times daily for meetings and/or conferences for key agencies to address influenza issues and concerns [§]	SE	
	Provide timely, accurate and useful information and instructions to area residents regarding influenza prevention via the media [§]	PIO	
	Work with city/town Health Officers to provide timely, accurate and useful information and instructions to area residents regarding influenza prevention [§]	HOL	
	Implement ancillary plans for concentrating messages to high-risk and hard to reach populations [§]	PIO	
	Collaborate with the Bureau of Emergency Medical Services as part of the emergency public warning function	MD	
Phase 2	Offer prepared statements from the Centers for Disease Control and Prevention to providers, media and public [§]	BCDC	
	Maintain listings of institutions and businesses closed because of personnel shortages in press releases	PIO	

Notes:

Available means of communication at the Office of Community and Public Health:

Beepers available at OCPH
- Communicable Disease Control = 10
- Immunization Program = 1
- Health Promotion = 0

Personal cellular phones
Internet
Additional phone capabilities

Sources of release of information to the community:

City/town newspapers
Community and local Health Department websites
Local radio stations
State Emergency Alert System (managed by the Bureau of Emergency Medical Services)
Statewide satellite system (available through DHHS Human Resources)
State website
The Union Leader (the only statewide newspaper)
WMUR and other television stations

[§] Indicates activity that should be continued and/or enhanced

VIII. ACTIVITIES BY ROLE

FINAL DRAFT #2-A

A. Communicable Disease Control

Pandemic Phase	Essential Component	Activity	Date Completed/ Updated
Phase 0, Level 0	Emergency Response	Develop a contingency plan to obtain needed supplies and critical equipment (e.g. antibiotics, hospital beds, ventilators)	
Phase 0, Level 3	Emergency Response	Obtain and distribute CDC developed health care provider education modules, including guidelines for the management of uncomplicated influenza, secondary bacterial pneumonia, antibiotic resistance and the use of antiviral agents, etc. §	
		Obtain and distribute CDC developed public education modules §	
		Obtain and distribute CDC developed guidelines for hospital administrators (e.g., patient triage, employee health, postponement of elective surgery, etc.); develop guidelines for hospital administrators if not available from CDC §	
		Ensure that human resources and logistics are in place to provide medical care and to maintain essential community services §	
	Communications	Develop triage protocols for 911 staff and assist in training staff if needed	
Phase 1	Emergency Response	Implement contingency plans as needed for obtaining critical supplies and equipment §	
		Continue to coordinate activities with bordering jurisdictions (Coordinate with BCDS) §	
Phase 2	Communications	Offer prepared statements from the Centers for Disease Control and Prevention to providers, media and public §	

§ Indicates activity that should be continued and/or enhanced

FINAL DRAFT #2-A

B. Communicable Disease Surveillance

Pandemic Phase	Essential Component	Activity	Date Completed/ Updated
Phase 0 Level 0	Surveillance	Educate health care providers on disease-based surveillance and virologic surveillance for influenza (Coordinate with the PHL) §	
		Coordinate the activities of sentinel health care provider sites participating in CDC's "U.S. Influenza Sentinel Physician Surveillance Network" from October through mid-May §	
		Recruit new sentinel sites as needed each year to maintain at least one representative site in all NH counties and in the cities of Manchester and Nashua §	
		Monitor sentinel site reporting activity to CDC and provide monthly reports to the sentinel sites regarding influenza activity in NH and in the U.S. based on influenza-like illness and virologic data §	
		Explore feasibility of establishing an alternate sentinel group and conducting influenza surveillance with this group throughout the year	
		Submit weekly reports on the level of influenza activity in the state to CDC as part of CDC's "Influenza Morbidity as Assessed by State and Territorial Epidemiologists" program §	
		Write and distribute guidelines for sentinel sites for the collection of influenza specimens §	
		Monitor CDC information on influenza strains seen in other states §	
		Request that Office of Information Systems update computer software and hardware as needed to allow the state to continue to participate in CDC-sponsored surveillance activities via the NETSS system	
		Maintain a database of sentinel reporting histories and a database of sentinel data of influenza-like illness activity §	
	Emergency Response	Evaluate the readiness of all hospitals in the state in the event of a natural emergency	

§ Indicates activity that should be continued and/or enhanced

FINAL DRAFT #2-A

Pandemic Phase	Essential Component	Activity	Date Completed/ Updated
Phase 0, Level 0	Emergency Response	Estimate the number of hospitalizations and deaths that would occur in the event of a pandemic	
		Develop and conduct local training exercises, in conjunction with a local hospital, town/city officials and health officers, to simulate patient load and triage	
		Develop a list of Mental Health Services available in the state	
	Communications	Send request to Office of Information Systems (OIS) to assess web site capacity	
		Collaborate with OIS to develop a plan to boost web site capacity in the event of an emergency	
		Provide education on influenza pandemic preparation by presenting the completed IPPP to key decision makers (i.e. Medical Society, Nurses Assoc., Infection Control Practitioners, Medical Examiner, Department of Safety, etc.)	
Phase 0 Level 3	Surveillance	Conduct active surveillance for influenza-like illness among health care workers, and at schools and nursing homes	
		Request from Health Statistics & Data Management death certificate data on unexplained deaths and influenza related mortality; review death certificate data [§]	
		Develop a sampling scheme for virologic testing during a pandemic	
		Provide surveillance data to each other daily and to Influenza Pandemic staff when requested (Coordinate with the PHL)	
	Vaccine & Antiviral Agent Delivery	Request baseline population data from Health Statistics & Data Management for recommended vaccine/antiviral groups	
Phase 1	Surveillance	Conduct special studies in concert with local public health officials and clinicians based on established CDC protocols [§]	
		Enhance active surveillance activities for influenza-like illness among health care workers, and at schools and nursing homes [§]	

[§] Indicates activity that should be continued and/or enhanced

FINAL DRAFT #2-A

Pandemic Phase	Essential Component	Activity	Date Completed/ Updated
Phase 1	Emergency Response	Continue to coordinate activities with bordering jurisdictions (Coordinate with BCDC) §	
Phase 2	Surveillance	Provide data on epidemiology of the pandemic when requested §	

§ Indicates activity that should be continued and/or enhanced

C. Director, Office of Community and Public Health

Pandemic Phase	Essential Component	Activity	Date Completed/ Updated
Phase 0, Level 0	Communications	Catalog potential mechanisms and sources for redirection of calls from the general public and develop re-routing "hot line" schemes for temporary use	
		Develop a contingency plan to ensure staff will be re-assigned to handle an increase in calls from the public to address influenza issues; create a plan for coverage if current phone coverage capacity is exceeded	
		Identify and publicize a central "information office" established at the state level to assure consistency of information transfers on influenza status [§]	
Phase 0, Level 3	Communications	Provide a forecast of the pandemic phases to the Commissioner [§]	
Phase 1	Emergency Response	Designate/reassign Public Health Nurse Coordinators and other Office of Community and Public Health staff as needed to staff community influenza clinics and maintain delivery of health care [§]	
Phase 2	Emergency Response	Inform the Commissioner that the influenza outbreak has reached pandemic proportions and that a state of emergency should be declared [§]	

[§] Indicates activity that should be continued and/or enhanced

FINAL DRAFT #2-A

D. Health Officer Liaison

Pandemic Phase	Essential Component	Activity	Date Completed/ Updated
Phase 0 Level 0	Vaccine & Antiviral Agent Delivery	Ensure that the local health officers understand the Influenza Pandemic Plan and how the direction and control of activities will occur [§]	
Phase 0, Level 3	Communications	Advise the city/town Health Officers of forecasts of the pandemic phases [§]	
Phase 1	Emergency Response	Work with the local Health Officers, city/town volunteer firefighters, and/or EMT's to identify homebound individuals [§]	
	Communications	Work with city/town Health Officers to provide timely, accurate and useful information and instructions to area residents regarding influenza prevention [§]	

[§] Indicates activity that should be continued and/or enhanced

FINAL DRAFT #2-A

E. Immunization Program

Pandemic Phase	Essential Component	Activity	Date Completed/ Updated
Phase 0, Level 0	Vaccine & Antiviral Agent Delivery	Develop a plan for providing influenza vaccine and antiviral agents to priority groups and the general population, with considerations for the following possibilities: 1) no vaccines, 2) a severe vaccine shortage, 3) a moderate vaccine supply available, and 4) vaccine supply adequate	
		Promote increased influenza vaccine and pneumococcal vaccine coverage levels in traditional high risk groups by participating in statewide adult immunization coalitions [§]	
		Encourage the New Hampshire Medical Society, other physicians and health care providers in general to promote increased influenza vaccine and pneumococcal vaccine coverage levels in traditional high risk groups	
		Foster greater promotion and utilization of pneumococcal vaccine through educational opportunities offered to physicians by the Public Health Training Network and state level conferences or grand rounds [§]	
		Ensure that adverse events following vaccination are reported through the Vaccine Adverse Events Reporting System (VAERS) [§]	
		Establish agreements with commercial companies to obtain key supplies (see Clinic Supply List in Appendix B) on short notice during an influenza pandemic [§]	
	Communications	Upgrade extensive fax database with new software that will have the ability to fax to several hundred sites simultaneously; collaborate with the Health Alert Network for rapid broadcast faxing	
		Develop a campaign to counteract "misinformation" and anti-vaccine treatment measures [§]	
Phase 1	Vaccine & Antiviral Agent Delivery	Act as resource for local agencies who are setting up clinics [§]	

[§] Indicates activity that should be continued and/or enhanced

FINAL DRAFT #2-A

Pandemic Phase	Essential Component	Activity	Date Completed/ Updated
Phase 1	Vaccine & Antiviral Agent Delivery	Purchase vaccines and/or anti-viral agents as they become available; pack all vaccines and/or anti-virals and clinic supplies for delivery §	
		Distribute vaccine and/or anti-viral supplies to public and private sector using current distribution system and VACMAN for inventory tracking; modify distribution system as needed to ensure optimal coverage §	
Phase 2	Vaccine & Antiviral Agent Delivery	Contact disaster storage sites if additional storage is needed (See Appendix E for list of sites) §	

§ Indicates activity that should be continued and/or enhanced

FINAL DRAFT #2-A

F. New Hampshire Office of Emergency Management

Pandemic Phase	Essential Component	Activity	Date Completed/ Updated
Phase 0, Level 0	Emergency Response	Develop a list of non-traditional medical settings that could be utilized during a pandemic	
		Develop a plan to reach certain high-risk groups (e.g., poor, homeless, undocumented aliens) to facilitate access to vaccination or treatment	
		Develop a contingency plan to provide food, medical and other essential life support needs for persons confined to their homes; enlist appropriate military personnel, such as the National Guard, and/or volunteers as needed	
		Develop a comprehensive plan for providing home care during the pandemic on short notice, including volunteer roster development, rapid volunteer pre-screening, and standard operating procedures	
Phase 1	Vaccine & Antiviral Agent Delivery	Assist NH DHHS staff as needed to find available personnel, resources, supplies and facilities to establish local emergency immunization clinics [§]	
		Assist in arranging for transport of all vaccines and/or antivirals and clinic supplies to and from public clinics [§]	
		Ensure the provision of security for supplies at distribution center [§]	
	Emergency Response	Establish financial and logistical mechanisms for obtaining and distributing all necessary medical supplies	
		Direct volunteer coordinators who will assume a key role in managing emergency home care operations at the local level [§]	

[§] Indicates activity that should be continued and/or enhanced

FINAL DRAFT #2-A

G. Public Health Laboratories

Pandemic Phase	Essential Component	Activity	Date Completed/ Updated
Phase 0, Level 0	Surveillance	Educate health care providers on disease-based surveillance and virologic surveillance for influenza (Coordinate with BCDS)	
		Maintain courier service to major population sites that would be available for transport of influenza specimens [§]	
		Perform influenza testing and subtyping on throat or nasopharyngeal swab specimens and send unusual specimens to the CDC for further antigenic characterization [§]	
		Request that Office of Information Systems update computer software and hardware as needed to allow the state to continue to submit weekly influenza surveillance reports to CDC through PHLIS	
		Maintain a database of virologic testing results [§]	
Phase 0, Level 3	Surveillance	Obtain reagents from CDC to detect a novel influenza strain	
		Provide surveillance data to each other daily and to Influenza Pandemic staff when requested (Coordinate with BCDS)	
Phase 1	Surveillance	Enlist other laboratories around the state to help with influenza testing if necessary (See Appendix D for list of laboratories)	

[§] Indicates activity that should be continued and/or enhanced

FINAL DRAFT #2-A

H. Public Information Office

Pandemic Phase	Essential Component	Activity	Date Completed/ Updated
Phase 0, Level 0	Communications	Develop a list of communication systems available within the state	
		Ensure the existence of letters of agreements with other State Departments so that communications systems can be shared	
		Obtain the national communications plan currently being developed by CDC on guidelines for public information campaigns and effective media relations; modify as necessary for use in NH	
		Develop comprehensive, multi-lingual communication strategies for transmitting and exchanging information between public health authorities, practitioners, and the general public	
		Collaborate with the Toll-Free Language Line (managed by the Bureau of Emergency Medical Services) to develop multi-lingual communication strategies for an early warning system	
		Develop Public Service Announcements to promote the importance of Influenza and Pneumococcal Immunizations and the value of preventative measures such as hand washing	
Phase 1	Communications	Provide timely, accurate and useful information and instructions to area residents regarding influenza prevention via the media [§]	
		Implement ancillary plans for concentrating messages to high-risk and hard to reach populations [§]	
Phase 2	Communications	Maintain listings of institutions and businesses closed because of personnel shortages in press releases	

[§] Indicates activity that should be continued and/or enhanced

FINAL DRAFT #2-A

I. State Epidemiologist

Pandemic Phase	Essential Component	Activity	Date Completed/ Updated
Phase 0, Level 0	Vaccine & Antiviral Agent Delivery	Review legal authorities and pursue authorizing legislation as needed to conduct activities as outlined in this plan	
		Recommend a list of priority groups for receipt of influenza vaccine and anti-viral medication in the event of a pandemic	
Phase 0, Level 1	Surveillance	Monitor bulletins from CDC regarding influenza and novel strains isolated within or outside of the U.S. §	
	Communications	Monitor and receive pandemic forecasts from the Centers for Disease Control and Prevention §	
Phase 0, Level 3	Vaccine & Antiviral Agent Delivery	Determine who will actually receive available vaccine and/or antiviral supplies in both public and private sector; modify vaccine and/or antiviral distribution recommendations based on coverage and epidemiology	
	Communications	Provide a forecast of the pandemic phases to the Director and State Medical Director §	
Phase 1	Communications	Designate set times daily for meetings and/or conferences for key agencies to address influenza issues and concerns §	
Phase 2	Emergency Response	Recommend to each state department Commissioner to close and/or cancel daily operations, public events, and to impose recommended curfews	

§ Indicates activity that should be continued and/or enhanced

FINAL DRAFT #2-A

J. State Medical Director

Pandemic Phase	Essential Component	Activity	Date Completed/ Updated
Phase 0, Level 0	Emergency Response	Collaborate with the Board of Funeral Directors and State Medical Examiner to obtain/develop a mortuary services plan	
Phase 0, Level 3	Emergency Response	Develop comprehensive plans for providing medical care by adapting national guidelines to the local influenza outbreak(s)	
Phase 1	Vaccine& Antiviral Agent Delivery	Coordinate with surrounding jurisdictions and local health agencies to establish public distribution clinics [§]	
		Handle antiviral medication prescriptions [§]	
	Communications	Collaborate with the Bureau of Emergency Medical Services as part of the emergency public warning function	

[§] Indicates activity that should be continued and/or enhanced

IX. ACTIVITIES BY PANDEMIC PHASE

FINAL DRAFT #2-A

A. Pre-Pandemic Phase Activities

Responsible Unit(s): New Hampshire Department of Health & Human Services:
Bureau of Communicable Disease Control (BCDC)
Bureau of Communicable Disease Surveillance (BCDS)
Director, Office of Community and Public Health (Dir, OCPH)
Health Officer Liaison (HOL)
Immunization Program (IP)
Public Health Laboratories (PHL)
Public Information Office (PIO)
State Epidemiologist (SE)
State Medical Director (MD)
New Hampshire Office of Emergency Management (NH OEM)

Pandemic Phase	Essential Component	Activity	Responsible Unit(s)	Date Completed /Updated
Phase 0, Level 0	Surveillance	Educate health care providers on disease-based surveillance and virologic surveillance for influenza [§]	BCDS PHL	
		Coordinate the activities of sentinel health care provider sites participating in CDC's "U.S. Influenza Sentinel Physician Surveillance Network" from October through mid-May [§]	BCDS	
		Recruit new sentinel sites as needed each year to maintain at least one representative site in all NH counties and in the cities of Manchester and Nashua [§]	BCDS	
		Monitor sentinel site reporting activity to CDC and provide monthly reports to the sentinel sites regarding influenza activity in NH and in the U.S. based on influenza-like illness and virologic data [§]	BCDS	
		Maintain a database of sentinel reporting histories and a database of sentinel data of influenza-like illness activity [§]	BCDS	
		Explore feasibility of establishing an alternate sentinel group and conducting influenza surveillance with this group throughout the year	BCDS	

[§] Indicates activity that should be continued and/or enhanced

FINAL DRAFT #2-A

Pandemic Phase	Essential Component	Activity	Responsible Unit(s)	Date Completed /Updated
Phase 0, Level 0	Surveillance	Submit weekly reports on the level of influenza activity in the state to CDC as part of CDC's "Influenza Morbidity as Assessed by State and Territorial Epidemiologists" program [§]	BCDS	
		Write and distribute guidelines for sentinel sites for the collection of influenza specimens [§]	BCDS	
		Monitor CDC information on influenza strains seen in other states [§]	BCDS	
		Request that Office of Information Systems update computer software and hardware as needed to allow the state to continue to participate in CDC-sponsored surveillance activities via the NETSS system	BCDS	
		Maintain courier service to major population sites that would be available for transport of influenza specimens [§]	PHL	
		Perform influenza testing and subtyping on throat or nasopharyngeal swab specimens and send unusual specimens to the CDC for further antigenic characterization [§]	PHL	
		Maintain a database of virologic testing results [§]	PHL	
		Request that Office of Information Systems update computer software and hardware as needed to allow the state to continue to submit weekly influenza surveillance reports to CDC through PHLIS	PHL	
	Vaccine & Antiviral Agent Delivery	Develop a plan for providing influenza vaccine and antiviral agents to priority groups and the general population, with considerations for the following possibilities: 1) no vaccines, 2) a severe vaccine shortage, 3) a moderate vaccine supply available, and 4) vaccine supply adequate	IP	
		Promote increased influenza vaccine and pneumococcal vaccine coverage levels in traditional high risk groups by participating in statewide adult immunization coalitions [§]	IP	

[§] Indicates activity that should be continued and/or enhanced

FINAL DRAFT #2-A

Pandemic Phase	Essential Component	Activity	Responsible Unit(s)	Date Completed /Updated
Phase 0, Level 0	Vaccine & Antiviral Agent Delivery	Encourage the New Hampshire Medical Society, other physicians and health care providers in general to promote increased influenza vaccine and pneumococcal vaccine coverage levels in traditional high risk groups	IP	
		Foster greater promotion and utilization of pneumococcal vaccine through educational opportunities offered to physicians by the Public Health Training Network and state level conferences or grand rounds §	IP	
		Recommend a list of priority groups for receipt of influenza vaccine and anti-viral medication in the event of a pandemic	SE	
		Ensure that adverse events following vaccination are reported through the Vaccine Adverse Events Reporting System (VAERS) §	IP	
		Review legal authorities and pursue authorizing legislation as needed to conduct activities as outlined in this plan	SE	
		Establish agreements with commercial companies to obtain key supplies (see Clinic Supply List in Appendix B) on short notice during an influenza pandemic	IP	
		Ensure that the local health officers understand the Influenza Pandemic Plan and how the direction and control of activities will occur §	HOL	
	Emergency Response	Evaluate the readiness of all hospitals in the state in the event of a natural emergency	BCDS	
		Estimate the number of hospitalizations and deaths that would occur in the event of a pandemic	BCDS	
		Develop a contingency plan to obtain needed supplies and critical equipment (e.g. antibiotics, hospital beds, ventilators)	BCDC	
		Develop and conduct local training exercises, in conjunction with a local hospital, town/city officials and health officers, to simulate patient load and triage	BCDS	

§ Indicates activity that should be continued and/or enhanced

FINAL DRAFT #2-A

Pandemic Phase	Essential Component	Activity	Responsible Unit(s)	Date Completed /Updated
Phase 0, Level 0	Emergency Response	Develop a list of non-traditional medical settings that could be utilized during a pandemic	NH OEM	
		Develop a list of Mental Health Services available in the state	BCDS	
		Collaborate with the Board of Funeral Directors and State Medical Examiner to obtain/develop a mortuary services plan	MD	
		Develop a plan to reach certain high-risk groups (e.g., poor, homeless, undocumented aliens) to facilitate access to vaccination or treatment	NH OEM	
		Develop a contingency plan to provide food, medical and other essential life support needs for persons confined to their homes; enlist appropriate military personnel, such as the National Guard, and/or volunteers as needed	NH OEM	
		Develop a comprehensive plan for providing home care during the pandemic on short notice, including volunteer roster development, rapid volunteer pre-screening, and standard operating procedures	NH OEM	
	Communi-cations	Send request to Office of Information Systems (OIS) to assess web site capacity	BCDS	
		Collaborate with OIS to develop a plan to boost web site capacity in the event of an emergency	BCDS	
		Provide education on influenza pandemic preparation by presenting the completed IPPP to key decision makers (i.e. Medical Society, Nurses Assoc., Infection Control Practitioners, Medical Examiner, Department of Safety, etc.)	BCDS	
		Upgrade extensive fax database with new software that will have the ability to fax to several hundred sites simultaneously; collaborate with the Health Alert Network for rapid broadcast faxing	IP	
		Develop a campaign to counteract "misinformation" and anti-vaccine treatment measures [§]	IP	

[§] Indicates activity that should be continued and/or enhanced

FINAL DRAFT #2-A

Pandemic Phase	Essential Component	Activity	Responsible Unit(s)	Date Completed /Updated
Phase 0, Level 0	Communi-cations	Develop Public Service Announcements to promote the importance of Influenza and Pneumococcal Immunizations and the value of preventative measures such as hand washing	PIO	
		Develop a list of communication systems available within the state	PIO	
		Ensure the existence of letters of agreements with other State Departments so that communications systems can be shared	PIO	
		Obtain the national communications plan currently being developed by CDC on guidelines for public information campaigns and effective media relations; modify as necessary for use in NH	PIO	
		Develop comprehensive, multi-lingual communication strategies for transmitting and exchanging information between public health authorities, practitioners, and the general public	PIO	
		Collaborate with the Toll-Free Language Line (managed by the Bureau of Emergency Medical Services) to develop multi-lingual communication strategies for an early warning system	PIO	
		Identify and publicize a central "information office" established at the state level to assure consistency of information transfers on influenza status [§]	Dir, OCPH	
		Catalog potential mechanisms and sources for redirection of calls from the general public and develop re-routing "hot line" schemes for temporary use	Dir, OCPH	
		Develop a contingency plan to ensure staff will be re-assigned to handle an increase in calls from the public to address influenza issues; create a plan for coverage if current phone coverage capacity is exceeded	Dir, OCPH	
Phase 0, Level 1	Surveillance	Monitor bulletins from CDC regarding influenza and novel strains isolated within or outside of the U.S. [§]	SE	

[§] Indicates activity that should be continued and/or enhanced

FINAL DRAFT #2-A

Pandemic Phase	Essential Component	Activity	Responsible Unit(s)	Date Completed /Updated
Phase 0, Level 1	Communi-cations	Monitor and receive pandemic forecasts from the Centers for Disease Control and Prevention §	SE	
Phase 0, Level 3	Surveillance	Conduct active surveillance for influenza-like illness among health care workers, and at schools and nursing homes	BCDS	
		Develop a sampling scheme for virologic testing during a pandemic	BCDS	
		Obtain reagents from CDC to detect a novel influenza strain	PHL	
		Provide surveillance data to each other daily and to Influenza Pandemic staff when requested	PHL BCDS	
		Request from Health Statistics & Data Management death certificate data on unexplained deaths and influenza related mortality; review death certificate data §	BCDS	
	Vaccine & Antiviral Agent Delivery	Request baseline population data from Health Statistics & Data Management for recommended vaccine/antiviral groups	BCDS	
		Determine who will actually receive available vaccine and/or antiviral supplies in both public and private sector; modify vaccine and/or antiviral distribution recommendations based on coverage and epidemiology	SE	
Phase 0, Level 3	Emergency Response	Develop comprehensive plans for providing medical care by adapting national guidelines to the local influenza outbreak(s)	MD	
		Obtain and distribute CDC developed health care provider education modules, including guidelines for the management of uncomplicated influenza, secondary bacterial pneumonia, antibiotic resistance and the use of antiviral agents, etc. §	BCDC	
		Obtain and distribute CDC developed public education modules §	BCDC	

§ Indicates activity that should be continued and/or enhanced

FINAL DRAFT #2-A

Pandemic Phase	Essential Component	Activity	Responsible Unit(s)	Date Completed /Updated
Phase 0, Level 3	Emergency Response	Obtain and distribute CDC developed guidelines for hospital administrators (e.g., patient triage, employee health, postponement of elective surgery, etc.); develop guidelines for hospital administrators if not available from CDC [§]	BCDC	
		Ensure that human resources and logistics are in place to provide medical care and to maintain essential community services [§]	BCDC	
	Communi-cations	Provide a forecast of the pandemic phases to the Director and State Medical Director [§]	SE	
		Provide a forecast of the pandemic phases to the Commissioner [§]	Dir, OCPH	
		Advise the city/town Health Officers of forecasts of the pandemic phases [§]	HOL	
		Develop triage protocols for 911 staff and assist in training staff if needed	BCDC	

[§] Indicates activity that should be continued and/or enhanced

FINAL DRAFT #2-A

B. Pandemic Phase Activities

Responsible Unit(s): New Hampshire Department of Health & Human Services:
Bureau of Communicable Disease Control (BCDC)
Bureau of Communicable Disease Surveillance (BCDS)
Director, Office of Community and Public Health (Dir, OCPH)
Health Officer Liaison (HOL)
Immunization Program (IP)
Public Health Laboratories (PHL)
Public Information Office (PIO)
State Epidemiologist (SE)
State Medical Director (MD)
New Hampshire Office of Emergency Management (NH OEM)

Pandemic Phase	Essential Component	Activity	Responsible Unit(s)	Date Completed /Updated
Phase 1	Surveillance	Conduct special studies in concert with local public health officials and clinicians based on established CDC protocols §	BCDS	
		Enhance active surveillance activities for influenza-like illness among health care workers, and at schools and nursing homes §	BCDS	
		Enlist other laboratories around the state to help with influenza testing if necessary (See Appendix D for list of laboratories)	PHL	
	Vaccine & Antiviral Agent Delivery	Coordinate with surrounding jurisdictions and local health agencies to establish public distribution clinics §	MD	
		Handle antiviral medication prescriptions §	MD	
		Act as resource for local agencies who are setting up clinics §	IP	
	Emergency Response	Designate/reassign Public Health Nurse Coordinators and other Office of Community and Public Health staff as needed to staff community influenza clinics and maintain delivery of health care §	Dir, OCPH	
		Establish financial and logistical mechanisms for obtaining and distributing all necessary medical supplies	NH OEM	

§ Indicates activity that should be continued and/or enhanced

FINAL DRAFT #2-A

Pandemic Phase	Essential Component	Activity	Responsible Unit(s)	Date Completed /Updated
Phase 1	Emergency Response	Implement contingency plans as needed for obtaining critical supplies and equipment §	BCDC	
	Vaccine & Antiviral Agent Delivery	Assist NH DHHS staff as needed to find available personnel, resources, supplies and facilities to establish local emergency immunization clinics §	NHOEM	
		Purchase vaccines and/or anti-viral agents as they become available; pack all vaccines and/or anti-virals and clinic supplies for delivery §	IP	
		Distribute vaccine and/or anti-viral supplies to public and private sector using current distribution system and VACMAN for inventory tracking; modify distribution system as needed to ensure optimal coverage §	IP	
		Assist in arranging for transport of all vaccines and/or antivirals and clinic supplies to and from public clinics §	NH OEM	
		Ensure the provision of security for supplies at distribution center §	NH OEM	
	Communi-cations	Designate set times daily for meetings and/or conferences for key agencies to address influenza issues and concerns §	SE	
		Provide timely, accurate and useful information and instructions to area residents regarding influenza prevention via the media §	PIO	
		Work with city/town Health Officers to provide timely, accurate and useful information and instructions to area residents regarding influenza prevention §	HOL	
		Implement ancillary plans for concentrating messages to high-risk and hard to reach populations §	PIO	
		Collaborate with the Bureau of Emergency Medical Services as part of the emergency public warning function	MD	

§ Indicates activity that should be continued and/or enhanced

FINAL DRAFT #2-A

Pandemic Phase	Essential Component	Activity	Responsible Unit(s)	Date Completed /Updated
Phase 1	Emergency Response	Work with the local Health Officers, city/town volunteer firefighters, and/or EMT's to identify homebound individuals §	HOL	
		Direct volunteer coordinators who will assume a key role in managing emergency home care operations at the local level §	NH OEM	
		Continue to coordinate activities with bordering jurisdictions §	BCDC BCDS	
Phase 2	Vaccine & Antiviral Agent Delivery	Contact disaster storage sites if additional storage is needed (See Appendix E for list of sites)	IP	
	Emergency Response	Inform the Commissioner that the influenza outbreak has reached pandemic proportions and that a state of emergency should be declared	Dir, OCPH	
		Recommend to each state department Commissioner to close and/or cancel daily operations, public events, and to impose recommended curfews	SE	
	Surveillance	Provide data on epidemiology of the pandemic when requested §	BCDS	
	Communi-cations	Offer prepared statements from the Centers for Disease Control and Prevention to providers, media and public §	BCDC	
		Maintain listings of institutions and businesses closed because of personnel shortages in press releases	PIO	

§ Indicates activity that should be continued and/or enhanced

X. APPENDIX

FINAL DRAFT #2-A

Appendix A

Recommendations for Hospitals and Long-term Care Facilities

The following list briefly outlines recommended activities to be initiated by the medical directors of hospitals and long-term care facilities in the event of an influenza pandemic.

For further guidance and information, contact the New Hampshire Bureau of Communicable Disease Control at (603) 271-4496.

- Restrict elective surgeries in order to accommodate the extremely ill due to complications of influenza
- Restrict visitors with flu symptoms as a means of halting the spread of influenza
- Add response protocols for influenza and influenza-like-illness to the facility's Emergency Plan
- Based on the epidemiology of influenza outbreak, impose additional restrictions as determined by Public Health Officials
- Encourage health care workers to receive influenza vaccine and antiviral agents when available
- Encourage employees to obtain all recommended immunizations
- Do not exclude from work those employees who do not accept vaccine

FINAL DRAFT #2-A

Appendix B

Influenza Immunization Clinic

The following gives a brief outline of suggested activities for organizing influenza immunization clinics in the event of an influenza pandemic. Included are: a list of suggested activities for each position, a clinic supply check list, and a suggested physical clinic layout.

The Public Health Nurse Coordinators may be designated as the Local Clinic Managers for new influenza clinics set up during a pandemic. When available, the Public Health Nurses will also assist in communication activities. The local jurisdictions with public health structure (i.e. the Manchester and Nashua Health Departments) will designate their own clinic managers.

Existing health care provider practices will maintain services for their client population, and offer increased influenza immunization services as the need arises. Immunization Program staff will continue to be a resource for these health care providers.

Clinic orientation should include review of the standing orders for emergency situations, "The Emergency Clinical Practice Guideline," as outlined in the excerpt from "Clinical Practice Guidelines for Immunization, Immune Globulin, Meningitis Prophylaxis and Tuberculin Testing Clinics." (See Appendix C)

Report any vaccine reactions to the Vaccine Adverse Events Reporting System (VAERS). The Immunization Program shall also set up a database to track any adverse events associated with the vaccine and/or anti-viral medications.

Suggested Resources for Clinic Personnel Recruitment

A. Medical Staff

1. State Public Health Nurses in all Bureaus
2. State Board of Nursing for lists of Nurse Practitioners, Registered Nurses, Licensed Practical Nurses
3. Emergency Medical Services licensed staff
4. Armed Services
5. National Guard
6. Local Hospitals - limited capacity during pandemic
7. Private Medical Offices - limited capacity during pandemic
8. Retirees
9. Nursing School Students - will require faculty from school to monitor
10. Other qualified personnel

B. Non-Medical Staff

1. Non-Medical DHHS Staff
2. Volunteers from community groups such as churches, synagogues, Kiwanis, Lions, Rotary, etc.

Suggested Orientation Activities for Clinic Operations

A. Identify specific responsibilities

B. Identify team leaders

C. Review clinic set-up and traffic flow

Suggested Activities for Clinic Resources and Supplies

A. Identify needed clinic supplies and means of obtaining

B. Identify staffing needs, including medical and non-medical personnel

C. Determine needed quantities of vaccine and/or antiviral agents

D. Determine the storage capacity at the clinic site

E. Determine need for security guards

F. Make arrangements for refreshments for volunteers

G. Obtain signs & traffic control poles to identify and separate clinic areas

H. Determine if communication setup is adequate and arrange for additional equipment (beepers, cell phones, etc), if needed

Clinic Manager (Nurse) Activity List

1. Check in supplies as they arrive and ensure supplies are placed in convenient locations for ease of use; monitor supplies periodically
2. Place emergency kits in an area accessible to nursing staff giving shots
3. Assure proper storage of all vaccines and antiviral agents during clinic, and ensure proper packaging for return transportation to distribution depot, if applicable
4. Keep tally of doses given and report as indicated
5. Assure that all staff sign in and sign out, that staff personnel have reviewed and understand protocols, and that all volunteers have signed a waiver of liability
6. Assure that food is available for lunch and breaks, and that break and lunch times are observed
7. Observe staff for "fatigue factor" and relieve as needed
8. Observe for good clinic flow and assess need for extending clinic hours
9. Make sure security is visible and readily accessible if needed
10. Answer medical questions from staff and the public
11. Direct news media to designated communications person; if none available, direct media persons to State Public Information Office at (603) 271-4822
12. Assist in shutdown of clinic and assure that the facility is left in good order

Assistant Clinic Manager (Non-Nurse) Activity List

1. Assist in setting up sign-in and check-in tables
2. Distribute supplies as needed
3. Orient new volunteers
4. Answer non-medical questions & direct medical questions to Clinic Manager
5. Assist team leader with sign-in sheet
6. Observe for special needs patients and expedite their progress through the line
7. Work with Clinic Manager in identifying and solving potential problems
8. Make break and lunch assignments for non-nursing staff
9. Monitor for "fatigue factor" in non-nursing staff and relieve as needed; assign break and lunch times
10. Observe traffic flow; intervene as necessary
11. Assist in shut-down of clinic
12. Deliver completed paperwork to Clinic Manager for transportation back to central depot

FINAL DRAFT #2-A

Greeters and Screeners Activity List

1. Ask client for the following, which will be needed at sign-in table:
   a. Proof of eligibility in recommended groups
   b. Proof of address
   c. Current Shot Record, if they have available
2. Give client Influenza Vaccine Information Statement
3. Direct client to appropriate sign-in table
4. Keep those in line informed about estimated wait
5. Observe for special needs clients and offer assistance, if needed

Sign-In Table (Non-Nursing Staff) Activity List

1. Have client complete encounter form
2. Complete clinic tally sheet for rough count of traffic flow
3. Review eligibility information:
   a. Proof of eligibility in recommended groups
   b. Proof of Address
   c. Current Shot Record
4. Answer client questions as appropriate
5. Direct medical questions to Clinic Manager
6. Direct client to Check Table

Check Table (Non-Nursing Staff) Activity List

1. Review encounter form for the following:
   a. Complete information
   b. If the client is a child, signature of parent or legal guardian
   c. Legibility
2. Stamp and date client's immunization record
3. Direct client to Traffic Director

FINAL DRAFT #2-A

Shot Table Activity List

(Nurse Practitioner, Registered Nurse, Supervised Nursing Student, Medic, other qualified personnel)

1. Review protocols for the storage, care, transport and administration of influenza vaccine, and the "Emergency Clinical Practice Guideline" as outlined in the excerpt from "Clinical Practice Guidelines for Immunization, Immune Globulin, Meningitis Prophylaxis and Tuberculin Testing Clinics"
2. Assess each client for contraindications to receiving influenza vaccine
3. Give follow-up instructions to client
4. Instruct client to report any adverse events following vaccination to VAERS as outlined on the Vaccine Information Statement
5. Administer vaccine as outlined in standing orders
6. Complete reminder postcard if second dose necessary and give to client
7. Prepare antiviral packets, if appropriate
8. Refer client to Waiting Area

Suppliers (Nursing Staff) Activity List

1. Assist in shot table set-up
2. Keep tables supplied with drawn-up vaccine and other administration supplies

Suppliers (Non-Nursing Staff) Activity List

1. Empty trash
2. Provide empty sharps containers and bring full sharps containers to secure area for transport to appropriate facility
3. Keep tables picked up, as appropriate
4. Assist clients, as requested.

FINAL DRAFT #2-A

Traffic Director Activity List

1. Assure orderly line formation
2. Observe for special needs clients and assist, as appropriate
3. Observe shot tables; when vacant, direct client to correct table
4. Direct clients to Waiting Area, as needed

Wait Area (Non-Nursing Staff) Activity List

1. Instruct clients to remain in area for 15 minutes; note time on card and give to client
2. Observe for any adverse reactions and notify emergency staff, if necessary
3. Remind clients to review information sheets and when to return (if necessary) for second dose

Communications Representative Activity List

1. Observe for media representatives and provide information
2. Allow media access per Communications Section of protocol
3. Ensure media do not interfere with clinic operation

FINAL DRAFT #2-A

Clinic Supply List

A. Administration Tables

Protocols	☐	Antiviral Instruction Forms	☐
Emergency Kits (including epinephrine)	☐	Pens	☐
Syringes	☐	Tables	☐
Alcohol Wipes (or alcohol & cotton balls)	☐	Table Covers	☐
Sharps Containers	☐	Large garbage bags	☐
Band-Aids	☐	Small Garbage Bags	☐
Gloves	☐	Coolers/Ice Packs	☐
Biohazard Bags	☐	Stickers (for children)	☐

B. Screening Area

Protocols	☐	Date Stamps	☐
Sign-In Sheets	☐	Ink Pads	☐
Encounter Form	☐	Pens	☐
Vaccine Information Statements	☐	Tables	☐
Immunization Record Cards	☐	Stapler	☐
		Scotch Tape	☐

C. Wait Area

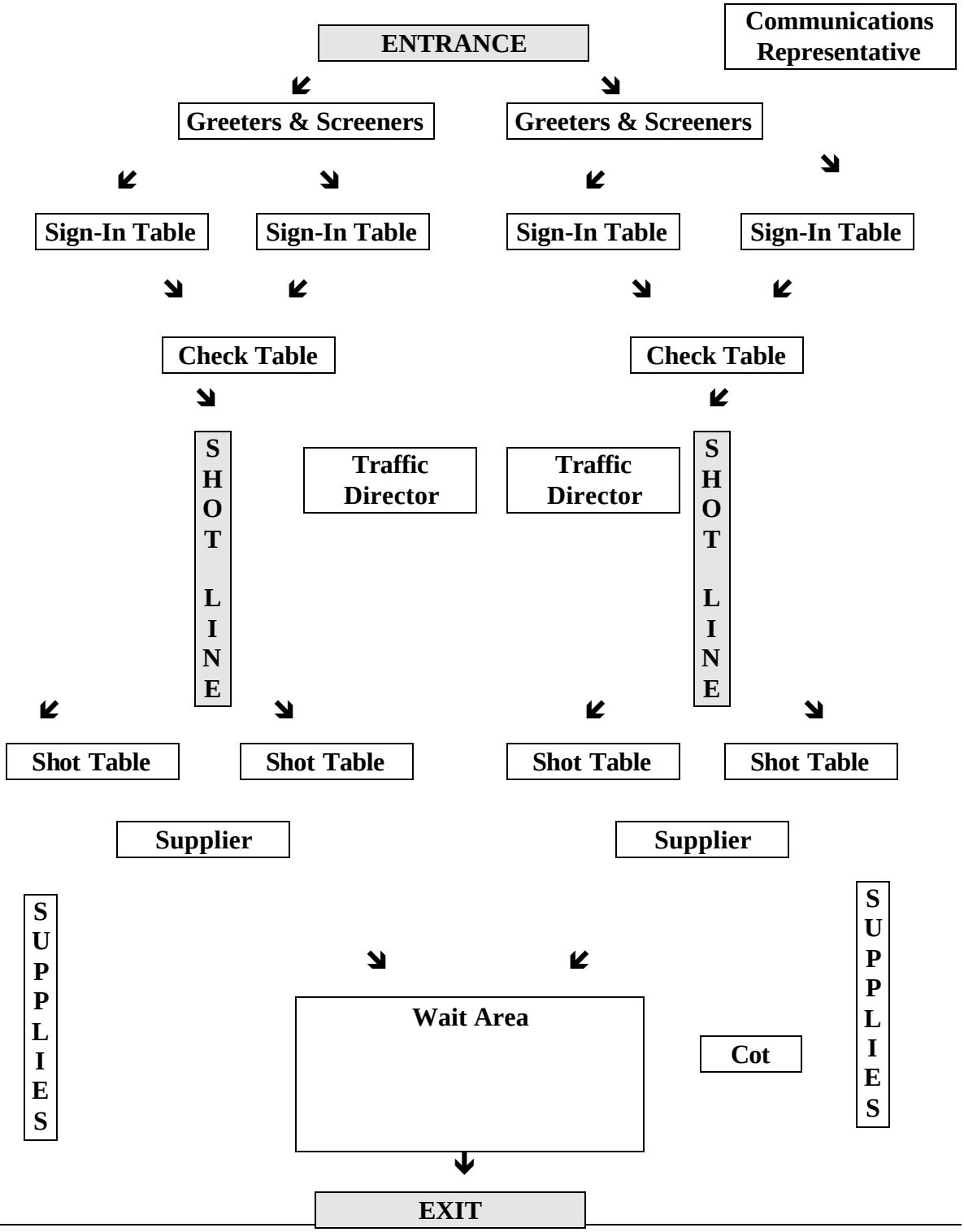
Chairs	☐	Water Coolers	☐
Cot or mat to lie down on	☐	Cups	☐
Blood Pressure Cuff & Stethoscope	☐	Juice	☐
Emergency Kit	☐	Ice	☐

D. Supply Area

Vaccine	☐	Ice packs for return of vaccine	☐
Coolers	☐	Extra sharps containers	☐

FINAL DRAFT #2-A

Suggested Physical Clinic Layout



FINAL DRAFT #2-A

Appendix C

Clinical Practice Guidelines for Influenza Immunization

The following is an excerpt from the Department of Health and Human Services' (DHHS) *"Clinical Practice Guidelines for Immunization, Immune Globulin, Meningitis Prophylaxis, and Tuberculin Testing Clinics"* which is intended for nurses employed by DHHS. The sections selected were those pertaining to influenza vaccine and its storage, care, transportation and administration. Emergency procedures are also included.

Influenza Vaccine, definition: Split virion for all 6 months of age and older. Whole virion for 12 years of age and older

Storage, Care and Transportation of Vaccine

It is imperative that the person(s) responsible for receiving, storing, administering and reordering vaccine read and comply with the DHHS Communicable Disease rules, He-P 301.10. In addition to the information described below, please refer to "Recommendations for Handling and Storage of Selected Biologicals" for more information.

Storage of Vaccine, IG and PPD:

All vaccines, IG and PPD, except those listed below, **must** be stored refrigerated (35.6°F - 46° F; 2°C - 8° C). Varicella vaccine **must** be stored in a frozen state (+5° F; - 15° C) or lower. Freeze-dried MMR vaccine may be frozen before reconstitution.

Special Instructions: Special emphasis must be given to rotating stock of all vaccines so that the most current expiration date is used first.
NOTE SHELF-LIFE EXPIRATION AT TIMES OF DELIVERY AND ROTATION. Take note of your supply in relation to expected need so an over-supply of vaccines can be returned and used before the expiration date.

Care of Vaccine, IG and PPD:

It is recommended that vaccines, IG and PPD be prepared individually for each patient just prior to administration. Vaccines, IG and PPD should remain refrigerated or frozen until time of administration. Pre-filling of syringes hours or days in advance of administration may cause unintentional damage to the vaccine/IG/PPD components and is **strongly-** discouraged.

Nursing judgment regarding the preparation of vaccine will need to be exercised in relation to the size of the clinic and the number of staff available. Do not place the vaccine table near windows in sunlight or under direct artificial light. **DO NOT FREEZE** after reconstitution. DT, DTaP, Td, Hib, HBV, **Influenza,** IG, meningococcal, pneumococcal vaccines, and PPD. These products are to be refrigerated at 2° C - 8° (36° F - 46° F). **DO NOT FREEZE.** Transport to the clinic in an insulated carrier with a cooling block.

Transportation of Vaccine:

Shipping requirements, as outlined in "Vaccine Handling and Shipping" (CDC; September, 1997) should apply to transporting vaccine from refrigerator to an off-site clinic. **A STYROFOAM OR OTHER SUITABLY INSULATED CARRIER CONTAINING APPROPRIATE COOLING MATERIALS IS REQUIRED.** A tightly fitting lid is to be securely in place at all times and replaced each time vaccine is removed. Vaccine for immediate use is to be removed from the container one box at a time or one dose at a time, no sooner than five (5) minutes before administration.

Administration

Vaccine Information Sheets:

Anyone administering vaccine must present the most recently approved "Vaccine Information Sheet" (VIS) to the vaccine recipient, parent or guardian for review. If they cannot read the sheet, it must be read to them. Although not required by federal law, it is recommended that the clinic obtain signed consent from the vaccine recipient, parent or guardian prior to administering the vaccine. The information portion of the VIS must be given to the recipient, parent or guardian.

DT, DTaP, Td, Hib, HBV, pneumococcal and **influenza vaccines** are administered ***intramuscularly***. The usual dosage is 0.5cc. Preferable injection sites:

In an infant---the vastus lateralis muscle, lateral or ventral aspect of the thigh.

In an older child or adult---the deltoid muscle of the upper arm. A one (1) inch needle will insure delivery of the vaccine into the muscle.

The immunogenicity of hepatitis B vaccine is reduced if given in the gluteal region.

Contraindications to Administration of Vaccines:

Always refer to contraindications listed in the package insert, Vaccine Information Statement or most current ACIP recommendations for each vaccine.

Immunization of persons with severe febrile illness should be deferred. Minor URIs, OMs, and low grade fevers do not preclude immunizations.

Common Reactions to Vaccines:

DT, DTaP, Td ,HBV, Hib, pneumococcal or **influenza** vaccines. Rise in temperature, chill and malaise can occur within forty-eight (48) hours of immunization. A small nodule may appear at the sight of injection and be slowly absorbed.

VAERS Reporting

If a reaction to a vaccine warrants healthcare provider follow-up, a "Report of Adverse Event Following Immunization" should be completed.

FINAL DRAFT #2-A

Emergency Clinical Practice Guideline

I. Preliminary Measures

A. Equipment which should be on hand at each clinic setting

1. Epinephrine 1:1000 in ampules or vials (check expiration date)
2. 1 cc syringes (tuberculin syringe) and 5/8 inch needles
3. Blood pressure cuff and stethoscope (in size appropriate for age group to be immunized)
4. Pocket masks with one-way rebreather valves

B. Medical Resources

Arrangements for assistance with emergencies are recommended to be made prior to each clinic. This may include "stand by" of a physician in a nearby office or emergency room, local ambulance, or EMT service.

II. Treatment of Untoward Reactions Occurring at Clinic

A. Fainting

Fainting can be quickly treated by having the person lie flat with head lower than legs. If the person feeling faint cannot be laid down, have him sit with his head between his knees; this may assist in preventing the faint.

1. Loosen constrictive clothing to allow person to breathe more freely.
2. Lay the victim flat, and raise lower extremities up to 12 inches.
3. If an individual falls as a result of fainting, she/he should be checked for possible injuries and referred to a physician if indicated.
4. Fainting can be very common and need not be alarming. If, however, a child is injured or exhibits symptoms of a problem with the immunization, although not severe enough for medical attention, his or her parents should be notified.

B. Acute Anaphylactic Reactions

1. Definition

Acute anaphylactic reactions consists of urticaria (hives), dyspnea, cyanosis, shock and unconsciousness that occur seconds to minutes after an injection and may be life threatening.

2. Early Symptoms and Signs of Anaphylaxis

Although such problems can be associated with other conditions and not progress further, persons exhibiting the symptoms listed below should be observed closely.
Repetitive sneezing
Wheezing
Flushing and itching, especially over face and chest
Dizziness
Pallor

C. Severe Reactions (indicating a person in acute distress)

1. Symptoms and signs of Severe Reaction

   Dyspnea
   Tightness of chest
   Tachycardia
   Bradycardia
   Drop in blood pressure
   Imperceptible pulse
   Cyanosis
   Edema of face and/or tongue

2. Designate someone to call for medical assistance

3. Administer Epinephrine

   Inject epinephrine 1:1000 (aqueous) subcutaneously into injection site immediately. Note the time and dosage of injection. If there is not improvement in the person's status, epinephrine can be repeated in 20 minutes as detailed below. If in another 20 minutes (40 minutes after the first dose) there is still no improvement in the person's status, a further dose of epinephrine may be given as detailed below. Dosage of epinephrine is given according to the person's weight (0.01cc/Kg; 0.01cc/2.2 lb) subcutaneously.

	1st Dose	2nd Dose	3rd Dose
Child's Weight		20 minutes after 1st	40 minutes after 1st
Up to 30 lbs. (approx infants to 2 yrs.)	0.1 cc	0.1 cc	0.1 cc
31 to 45 lbs. (approx 2 yrs up to 5 yrs)	0.2 cc	0.2 cc	0.1 cc
46 to 80 lbs. 9approx 5 yrs to Jr. High)	0.3 cc	0.2 cc	-------
Over 80 lbs	0.35 cc	0.15 cc	

NOTE: For children under 30 pounds, the maximum total dosage should not exceed 0.3 cc. For Children over 30 pounds the maximum total dosage should not exceed 0.5 cc (For example, a child up to 30 pounds could receive

0.1 cc initially and then 0.1 cc in to the immunization injection site additional times. A child over 80 pounds could receive 0.35 cc initially and then 0.15 cc into the immunization injection site one additional time.

4. Keep person breathing
    a. Remove any possible obstruction in the mouth
    b. Begin mouth-to-mouth resuscitation if person cannot breathe on his/her own
5. If carotid pulse cannot be felt nor a heartbeat ascertained, begin CPR (cardio-pulmonary resuscitation) until assistance arrives.

EPINEPHRINE DOSAGE BY WEIGHT

POUNDS	KG	DOSE 1	DOSE 2	DOSE 3	Comments
30	13.6	0.14	0.14	0.14	Do not exceed 0.5 ml
40	18.2	0.18	0.18	0.14	Do not exceed 0.5 ml
50	22.7	0.23	0.23	0.04	Do not exceed 0.5 ml
60	27.3	0.27	0.23		Do not exceed 0.5 ml
70	31.8	0.32	0.18		Do not exceed 0.5 ml
80	36.4	0.36	0.14		Do not exceed 0.5 ml
90	40.9	0.41			
100	45.5	0.45			
110	50.0	0.50			
120	54.5	0.55			
130	59.0	0.60			
140	63.6	0.64			
150	68.2	0.68			
160	72.7	0.73			
170	77.3	0.77			
180	81.8	0.82			
190	86.4	0.86			
200	90.9	0.91			
210	95.5	0.95			
220	100.0	1.00			

FINAL DRAFT #2-A

Appendix D: Private Laboratories in New Hampshire

December 19, 2000

Lab name	Lab Phone number	Rapid screen	Culture	Confirmation? If rapid screen positive	Specimens sent to:
Alice Peck Day	448-3121 (Main hospital #)	No	No		Public Health Labs (PHL), or Specialty Labs (CA)
Androscoggin Valley Hospital	752-2200 ext 241	No	No		Specialty Labs/PHL if stat
Catholic Medical Center	622-5393	No	No		PHL
Cheshire Medical Center	354-5470	Yes	No	No confirmation	If questionable specimen, would send to DHMC
Concord Hospital	228-4677 ext 4600	Yes	No	No confirmation	If culture requested, PHL
Cottage Hospital	747-2761 ext 2133 or ext 2134	No	No		Specialty Labs
Dartmouth-Hitchcock Medical Center	650-2200	Yes	Not routine	With culture	
Path Lab - Includes following hospitals: Wentworth Douglass, Frisbie, Portsmouth, & Exeter	431-2310	Yes	No	No confirmation	PHL if culture requested
Elliot Hospital	663-3555	No	No		PHL
Franklin Regional Hospital	934-2060 ext 340	No	No		Specialty Labs or Quest
Huggins Hospital	569-7520	No	No		PHL
Lakes Region	524-3211 ext 3243	No	No		Concord Hospital
Littleton Hospital	444-7731 (main hospital #)	Yes	No		PHL
Memorial Hospital	356-5981 ext 152	No	No		Specialty Labs
Monadnock Community Hospital	924-7191 (main hospital #)	No	No		Quest Diagnostics
NH Medical Labs	622-5393	No	No		PHL

FINAL DRAFT #2-A

Lab name	Lab Phone number	Rapid screen	Culture	Confirmation? If rapid screen positive	Specimens sent to:
New London Hospital	526-5305	No	No		Quest Diagnostics
Parkland Medical Center	432-1500 ext 2266	No	No		Quest Diagnostics
St. Joseph's Hospital	882-3000 ext 67201	No	No		Mayo Medical Labs
Speare Memorial Hospital	536-1120 ext 233	No	No		PHL
Southern NH Regional Medical Center	577-2840	No	No		PHL
Upper CT Valley	237-4971 (main hospital #)	Yes	No	PHL	If culture only is requested, Specialty Labs
VA Medical Center	624-4366 ext 6639	No	No		VA in West Haven, CT
Valley Regional Hospital	542-3474	No	No		Specialty Labs
Weeks Memorial Hospital	788-5006	Yes	No	PHL	If culture requested, PHL

FINAL DRAFT #2-A

Appendix E

Emergency Vaccine Storage Sites

Emergency vaccine storage sites should be used only in the event of refrigerator/freezer malfunction, or if the supply of vaccines exceeds the capacity of current storage sites. Security at vaccine storage sites should be an important consideration in a pandemic.

Facility Name	**Phone Number**
New Hampshire Hospital	(603) 271-5555
Concord Hospital, IV Team	(603) 225-2711

FINAL DRAFT #2-A

Appendix F

References

Council of State and Territorial Epidemiologists Steering Group, Influenza Pandemic Preparedness. Pandemic Influenza: A Planning Guide for State and Local Health Officials. Version 1.1. January, 1997.

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