

Guidelines for Developing Local Pandemic Influenza Response Plan

Introduction – *you may choose to use or adapt language from the State Pandemic Plan:*

Influenza illness is caused by a highly contagious virus that spreads easily from one person to another. Symptoms of influenza infection include rapid onset of high fever, chills, sore throat, runny nose, severe headache, nonproductive cough, body aches and fatigue. Secondary infections can lead to further complications and significantly contribute to influenza related morbidity and mortality. The influenza virus has several natural animal reservoirs allowing the virus to change genetically as strains are able to re-assort and recombine in different species. The new or novel virus strains that emerge from this process may adapt to efficient human-to-human transmission, leading to a pandemic.

Pandemic influenza is a unique public health emergency, as it will occur rapidly and quickly overwhelm the healthcare infrastructure of New Mexico. New Mexico will most likely have between one to six months from the identification of a novel influenza virus somewhere in the world to the time that outbreaks begin to occur in New Mexico. Effective pharmaceutical preventive and therapeutic measures will likely be in short supply, as the entire world will be affected. Healthcare workers and other first responders will likely be at higher risk of exposure to influenza than the general population, further impeding the care of patients. Widespread illness in the community may also increase the likelihood of sudden and potentially significant shortages of personnel who provide other essential community services leading to significant social disruption. In addition to risks of exposure, essential personnel and the general population will also be psychosocially affected by the illness and possibly death of family members and friends. The Centers for Disease Control and Prevention (CDC) estimates the economic costs associated with a pandemic will be in the billions of dollars. The worst influenza pandemic in history in 1918-1919 caused 20 to 100 million deaths worldwide and created major social disruption.

I. Purpose - *you may choose to use or adapt language from the State Pandemic Plan:*

The purpose of the [jurisdiction] Pandemic Influenza Emergency Response [plan, annex, appendix] is to promote an effective local response to pandemic influenza in [jurisdiction]. This Pandemic Influenza Emergency Response [plan, annex, appendix] includes strategies to reduce pandemic influenza-related morbidity, mortality, and social disruption.

II. Legal Authorities, Policies and Principles - *you may choose to use or adapt language from the State Pandemic and Emergency Operations Plans:*

Several federal and state statutory authorities and policies provide the basis for the Pandemic Influenza Emergency Response [plan, annex, appendix]. These include:

- Department of Health Act, Sections 9-7-1, et seq., NMSA 1978
- State Civil Emergency Preparedness Act, Sections 12-10-1, et seq., NMSA 1978

- Public Health Emergency Response Act, Sections 12-10A-1, et seq. ., NMSA 1978
- Public Health Emergency Response Act, Section 12-10A-6.C, NMSA 1978
- State Civil Emergency Preparedness Act, Sections 12-10-11 through 13, NMSA 1978.
- Public Health Act, Sections 24-1-1, et seq., NMSA 1978
- Emergency Medical Services Fund Act, Sections 24-10A-2, et seq., NMSA 1978
- Emergency Medical Services Act, Sections 24-10B-1, et seq., NMSA 1978
- Medical Investigations, Sections 24-11-1 to 24-11-10, NMSA 1978
- Disposition of Dead Bodies, Sections 24-12-1 to 24-12A-3, NMSA 1978
- Burial of Indigents, Sections 24-13 -1, et seq., NMSA 1978
- Annex 6, ESF 6 Public Health, Medical & Mortuary.
- Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended by Public Law 106-390, October 30, 2000
- Public Health Emergency Response Act (PHERA), Section 12-10A-1 to 12-10A-19 NMSA 1978

Relevant federal and state policies are as follows.

- In accordance with the US Department of Homeland Security, National Response Goal and Homeland Security Presidential Directive 8, preparedness activities must be dedicated to the creation of capability in four mission areas: prevention, protection, response, and recovery.
- In accordance with the US Department of Health and Human Services, Centers for
- Disease Control and Prevention (CDC), preparedness activities must be dedicated to creating urgent public health system response capacity for terrorism and non-terrorism events. CDC preparedness goals are: prevention, detect/report, investigate, control, recover, and improve.
- Beginning with incident identification, all response is local.
- Prevention, protection, response, and recovery planning must be coordinated at the state level according to the New Mexico All Hazards Emergency Operations Plan and at the local level in the [jurisdiction] Emergency Operations Plan. Planning must also be coordinated with tribal Emergency Operations Plans.
- The Incident Command System (ICS) is the management system that will be used in the event of a pandemic in order to coordinate emergency response in accordance with the National Incident Management System (NIMS). Although a single Incident Commander handles the command function for some emergencies, an Incident Command System (ICS) organization may be expanded to include a Unified Command (UC).
- Unified Command is a structure that brings together the "Incident Commanders" of all major organizations with particular response functions in order to coordinate an effective response, while at the same time maintain their distinct organizational responsibilities. The UC links the organizations

responding to the incident and provides a forum for these entities to make consensus decisions. Under the UC, the various jurisdictions and/or agencies and non-government responders may blend together throughout the operation to create an integrated response team. It is highly likely that the response to a pandemic will require a Unified Command Structure.

III. Situation and Assumptions - *you may choose to use or adapt language from the State Pandemic Plan:*

1. A pandemic is an epidemic occurring worldwide, or over a large geographic area that affects large numbers of people and crosses national and international boundaries, including sovereign tribal boundaries.
2. An influenza pandemic differs from seasonal influenza in frequency, scope and severity. Seasonal influenza occurs every year typically starting in the late Fall and lasts through the winter. Seasonal influenza leads to an annual epidemic causing significant morbidity and mortality in commonly recognized high-risk populations. Pandemic influenza occurs when a novel strain of influenza is introduced into the global population that has no natural immunity causing increased morbidity and mortality.
3. New strains of influenza viruses are inevitable and can emerge unpredictably, and spread rapidly and pervasively through susceptible populations, sometimes causing pandemics (worldwide epidemics). This is due in large part to two features of the influenza virus: its ability to exchange genetic information between strains and its ability to occasionally "jump" species barriers between mammalian and avian hosts. Experts agree that future pandemics of influenza are likely, if not inevitable. The sudden and unpredictable emergence of pandemic influenza can cause severe health and social consequences.
4. A pandemic has the potential to result in large numbers of deaths (estimated between 20,000-25,000 deaths in New Mexico and [XXXX in jurisdiction], overwhelming the system's mortuary resources, including morgue capacity, medical investigative and forensic personnel, and services available for disposition of bodies. A pandemic is highly likely to produce large numbers of sick people that require care at the same time. Medical and public health surge may quickly overwhelm the system's resources resulting in scarcity of medicine, equipment, personnel, and other healthcare resources. Additional surge may occur from outlying rural areas and the areas of Mexico bordering the state.
5. The initial Pandemic Influenza event will likely last 8 – 17 weeks and will likely be followed by a series of Pandemic Influenza waves each also lasting weeks to months, continuing for up to two years after the initial outbreak.
6. Hospitals are the optimal institutions to care for ill individuals, providing for medical surge through in-hospital alternative inpatient and outpatient areas. Primary care providers and other adjunct community capacity will have a role in triaging patients to the most effective and available care entity. All non-hospital health care providers will coordinate locally and with hospitals to acquire the most capacity possible to deal with the greatest number of ill individuals requiring care.
7. Widespread illness in the community will also increase the likelihood of sudden and significant workforce shortages in critical community services, such as: military

personnel, law enforcement, firefighters, utility workers, transportation workers, human services and those agencies that provide essential infrastructure services to the public.

8. A Pandemic Influenza event will seriously impact and overwhelm every healthcare, social and economic structure on a global scale simultaneously. Resources and assistance from all federal, state, and local governments will be severely limited or not available. A severe pandemic will have major consequences for the local, national, and global economy. Due to the large numbers of affected individuals and social disruption, production of goods and services will suffer. It is further understood that despite hospital and health care intervention during a Pandemic Influenza outbreak, people will die due to limitations in medical resources and available healthcare workforce, and the very nature of the disease.
9. Based on the Federal Pandemic Influenza Plan, the clinical disease attack rate will be 30% in the overall population. Of these, 50% will seek outpatient medical care. The number of hospitalizations and deaths will depend on the virulence of the pandemic virus. Estimates for [jurisdiction] for moderate and severe pandemic strains are [insert surge data for jurisdiction].
10. Vaccines for a new pandemic strain of influenza cannot be made until the new strain emerges in nature. For this reason, vaccines will not be available for several months after pandemic influenza begins to circulate. With current technology, the first wave of the pandemic may have passed before vaccine becomes available. Several antiviral agents currently exist, but whether or not they will be effective against a future pandemic strain is unknown. The Health and Human Services Department is stockpiling at least two different antiviral agents. These agents will remain in extremely short supply for the next several years, and will not be enough to treat or prophylax the large numbers of persons in an influenza pandemic that might benefit from their use.
11. During both a seasonal influenza and a pandemic, personal hygienic measures are of vital importance to prevent the spread of influenza. Hand washing and covering one's mouth and nose during coughing and sneezing with a tissue or handkerchief may reduce the transmission of influenza. Specific infection control measures for hospital and medical setting environments must be delineated.
12. During a pandemic, the Governor and the New Mexico Department of Health may recommend (or require) the closure of schools, shopping malls, public transportation, and other public gatherings in order increase social distancing to reduce influenza transmission. The public may also be asked to voluntarily distance themselves from exposure to areas where large numbers of people gather by remaining in their homes for an extended period of time. This will require individuals and families to stockpile food, medicine and other necessary items.

IV. Concept of Operations – *consider the following and add as appropriate to your jurisdiction*

Operations will be conducted in accordance with the National Incident Management System (NIMS), including ICS and the [jurisdiction] EOP. The local Emergency Operations Center may be activated.

Operations will be consistent with the New Mexico Modular Emergency Medical System (NM MEMS).

Operations will be consistent with the New Mexico State Unified Command (UC) – NMDPS, NMDOH, NM Emergency Management Association (NMEMA), and Indian Health Service (IHS).

V. Specific Response Areas – *insert material in each section as relevant and as developed by the local planning group:*

1. Pandemic Influenza Disease Surveillance
2. Laboratory Testing and Diagnosis
3. Managing Surge: Alternative in-hospital inpatient areas
4. Managing Surge: Alternative in-hospital outpatient areas
5. Managing Surge: Patient flow protocols including movement between hospitals, primary care, long term care and home health care
6. Points of Dispensing (PODs) for vaccination and mass prophylaxis
7. Antiviral Distribution
8. Quarantine and Isolation (including policies and procedures for enforcing home quarantine and isolation as necessary) in accordance with the provisions of the Public Health Emergency Response Act (PHERA)
9. Community Outreach: A network of individuals, agencies, and organizations who will reach out to persons with disabilities, the elderly, and other vulnerable populations to provide as necessary information and education, food and other provisions, mass prophylaxis and triage
10. Psychosocial Response: A network of behavioral health, crisis response, and psychological first aid providers that can provide crisis response and psychological and social support to patients and families, as well as health care workers and other emergency responders
11. Transport: EMS and non-EMS (adjunct) transport and other back-up transportation
12. Managing Mass Fatalities including expanded morgue capacity in conjunction with NMDOH and OMI.
13. Communications/information sharing systems and protocols
14. Schools: Plans for early detection and reporting, triage and isolation of students presenting with signs and symptoms
15. Infection Control, Clinical Guidelines, and Altered Standards of Care
16. Community Disease Control and Prevention
17. Public Information and Risk Communication
18. Community and Economic Recovery

VI. Organization and Responsibilities

Organization and responsibilities will be in accordance with the [jurisdiction] Emergency Operations Plan. Additional roles and responsibilities are defined below, specific to an event of a Pandemic Influenza outbreak – *consider roles for those listed below.*

1. The Local Emergency Manager (LEM) from local jurisdiction and tribes
2. Public Health regional and local offices
3. Hospitals
4. Primary care providers,
5. Long Term Care Providers
6. Home Health Providers
7. EMS
8. Promotoras
9. Local planning groups such as the Local Emergency Planning Committees, the Community Health Council, and the local Behavioral Health Collaborative
10. Community organizations and facilities serving persons with disabilities and other special response needs
11. Professional organizations/groups of physicians, nurses, and pharmacists
12. Behavioral Health Care Providers
13. Public safety providers including law enforcement and fire departments
14. Community service organizations, emergency volunteer groups, schools, faith-based organizations, and elected officials
15. The business community, as well as private sector partners who provide essential services such as food, electricity, water, and transportation
16. Tribal agencies and organizations (including Tribal Community Health Representatives), and Border agencies and organizations, as applicable

VII. [Plan, Annex, Appendix] Development and Maintenance – *include information on how they [plan, annex, appendix] will be reviewed, exercised, updated, etc.*