

Pandemic Influenza Plan



COUNTY OF SAN LUIS OBISPO

Overview

- An influenza pandemic is a worldwide outbreak of disease that occurs when a new influenza virus appears or “emerges” in the human population, causes serious illness and then spreads easily from person to person
- An influenza pandemic has the potential to cause illness in a very large number of people, overwhelming the healthcare system throughout the nation. Basic services, such as healthcare, law enforcement, fire, Emergency Medical Services (EMS) response, communication, transportation, and utilities could be disrupted during a pandemic. Supply chains for essential items such as food, water, medical supplies, and other emergency provisions may be compromised
- **SLOPHD planning assumption: 35% of SLO County’s 283,405 people, or about 99,192 people, will become clinically ill over the course of a 12 to 24-month pandemic. Assuming a case-fatality rate of 2.5% (consistent with the 1918 Spanish Flu), SLOPHD planning assumption: 2,418 deaths**
 - COVID-19 ~CFR 2.0% vs seasonal flu <.01%
- Influenza pandemics generally occur in waves with months to years between each subsequent wave. Therefore, the 99,192 illnesses that might occur during a major pandemic in SLO County would not occur evenly over the course of the outbreak, but rather, in two or more unpredictable waves



Purpose

- The purpose of the SLO County Pandemic Influenza Plan is to provide guidance for efforts to lessen the impact of an influenza pandemic on the residents of SLO County
- This plan provides:
 - **Guidance for detection and response to an influenza pandemic event**
 - **A description the interagency coordination between SLO County Health Agency (HA) and:**
 - County Office of Education (COE),
 - County Office of Emergency Services (OES)
 - Department of Social Services (DSS)
 - EMS providers
 - Law Enforcement Agencies
 - local healthcare system partners
 - Sheriff-Coroner's Office
 - Volunteer Organizations Active in Disasters (VOAD).
 - state & federal government



Roles and Responsibilities

- The SLOPHD is the lead agency in mobilizing partners in the county to prepare for and respond to pandemic influenza.
- Healthcare partners will be instrumental in detecting influenza, limiting the spread of disease, and providing treatment to affected individuals.
- SLO County Counsel may be asked in coordination with the CHO, for developing and refining Public Health Orders for a Proclamation of Emergency, Health Officer Orders, and other related disease containment orders
- The Sheriff-Coroner will be responsible for planning for the disposition of an increased number of deceased persons, consistent with the County's Mass Fatality Plan
- Local law enforcement agencies may be asked to provide security and assist in the enforcement of Health Officer Orders as necessary



Communications

- Strong risk communications and public outreach activities are conducted in order to build trust, confidence and cooperation. The goal is to prevent fear-driven and potentially damaging public responses to a pandemic influenza crisis
- Healthcare public information will be communicated primarily through the SLOPHD lead Public Information Officer
- The hospitals and other medical and health clinicians and partners are notified by the “Rapid Fax” system, telephone communications, the California Health Alert Network (CAHAN) and email.



Concept of Operations- General

- Pandemic influenza response efforts will likely also trigger the activation of plans and SOPs external to the SLOPHD, including local hospitals' infection control and business COOP, government COOPs, etc
- To minimize the impact of a pandemic influenza, it is expected that healthcare providers, essential service providers, schools, local government officials and business leaders will develop, maintain, and incorporate procedures and protocols addressing influenza preparedness and response activities into their emergency response plans
- A critical element of pandemic influenza preparedness and response is the ability for governmental organizations and businesses to identify essential services and to plan and implement continuity of operations



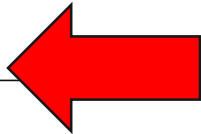
Triggers & Activation

- The SLO County Pandemic Influenza Plan will be activated at the first confirmed cluster of pandemic influenza cases in the United States or earlier, based upon information provided by the WHO, the CDC, or CDPH.
- To activate the Plan:
 - The CHO or designee will activate the appropriate parts of the SLOPHD All Hazards Emergency Operations Plan in addition to the San Luis Obispo County Pandemic Influenza Plan.
 - The CHO or designee will immediately notify:
 - HA Director
 - County Administrative Officer
 - SLO EMS Agency Director
 - SLO Public Health Emergency Preparedness (PHEP) Program Manager
 - SLOPHD Director of Nursing and/or CD Manager
 - SLOPHD Laboratory Director
- The SLOPHD response to a disaster or a large disease outbreak will be managed through CHADOC and the OA EOC, if warranted.
- The OA EOC may be activated:
 - Upon notification from the SLOPHD that assistance is needed.
 - In response to any local emergency incident that may affect the health and safety of employees or the public that requires immediate and extensive OA wide coordination.



WHO Alert Phases

World Health Organization Pandemic Phases	
Interpandemic Period	
Phase 1	No influenza virus circulating among animals that has been reported to cause infection in humans.
Phase 2	An animal influenza virus circulating in domesticated or wild animals is known to have caused infection in humans and is therefore considered a specific potential pandemic threat.
Pandemic alert period	
Phase 3	An animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people but has not resulted in human-human transmission sufficient to sustain community-level outbreaks.
Pandemic period	
Phase 4	Human to human transmission of an animal or human-animal influenza reassortant virus able to sustain community-level outbreaks has been verified. ¹
Phase 5	The same identified virus has caused sustained community level outbreaks in two or more countries in one WHO region.
Phase 6	In addition to the criteria defined in Phase 5, the same virus has caused sustained community level outbreaks in at least one other country in another WHO region. ¹
Postpandemic period	Return to Interpandemic period.



Surveillance & Reporting

- **Alert Period:** SLOPHD utilizes ReddiNet®, a web-based system to conduct daily syndromic surveillance of febrile and influenza like illness (ILI) and bed availability at the four acute care hospitals in the County. **The SLO County Communicable Disease (CD) Response Plan** provides the main framework for surveillance during a pandemic event.
- **Pandemic Period:** If no cases of pandemic influenza have been identified in SLO County when the WHO declares a worldwide pandemic, SLOPHD will continue coordinating enhanced surveillance by individual healthcare providers and aggressive testing of suspect cases to identify infections with the pandemic strain and to control its spread. The goal during the earliest part of a pandemic is to collect enough data to inform the health care community of public health actions (i.e., change hospital admission criteria, initiate social distancing measures, refine priority groups for antivirals or vaccines, etc.).
- **Once a pandemic strain has been identified in SLO County and widespread person-to-person transmission is occurring, the goals of surveillance will change. The goals once a pandemic is underway will be to:**
 - Monitor the pandemic's impact on the healthcare system and the community at large.
 - Identify populations severely affected by influenza that might require extra resources or additional public health interventions.



Monitoring Plan

- Travelers are screened at ports-of-entry by federal Customs and Border Protection (CBP) and Center for Disease Control and Prevention (CDC)'s Division of Global Migration and Quarantine (DGMQ) for travel to a country or region with an active Influenza outbreak. CBP conducts a secondary screening of all returning travelers for fever with a no-touch thermometer
- Travelers are queried on recent history of signs and symptoms of influenza and possible risk exposures. Travelers are either released after secondary screening with a CARE kit (including digital thermometer and fever and symptom log) or referred to CDC for tertiary screening with medical staff
- CDPH receives daily line lists from DGMQ with contact information for all travelers who were screened and whose destination is California. CDPH disseminates this information the same day to local health departments with jurisdiction over the traveler's destination
- Upon referral from CDPH, County Public Health will assign a Public Health Nurse (PHN) to conduct a follow up interview of the returning traveler
- All contacts or possible contacts of Influenza case-patients should be interviewed with the appropriate CDPH contact interview form



Case Management

- **Alert Period:** During the Alert period, most patients diagnosed with novel influenza virus infection will be isolated in a home or residential setting unless severity is such that hospital care is required. Standard and droplet precautions should be continued for a period of 7 days following onset of symptoms. Close contacts who are not at high risk of serious complications should only receive prophylaxis with influenza antiviral medications as dictated by virulence of the influenza virus
- **Pandemic Period:** During the Pandemic period, most patients with influenza will be treated in the home, even if they have household contacts that are at high risk for serious complications of influenza. Patients and their caregivers will need to observe careful infection control and isolation precautions in order to protect those in the home that are uninfected



Community disease Control and Prevention

- Limiting the spread of disease is a critical function required to minimize morbidity and mortality in SLO County during a pandemic
- Consistent adherence to infection control practices will be critical to limiting spread of the disease. Control measures include adherence to infection control guidelines, the isolation of ill persons and quarantine of those exposed, as well as social distancing strategies such as school closures, cancellation of large public gatherings and travel restrictions
- During a flu pandemic, isolation and quarantine measures may be implemented to decrease the spread of disease. These measures are expected to be most effective during the later phases of a pandemic alert and very early on in a pandemic
- Non-pharmaceutical interventions: Strategies may include measures that affect individuals, isolation of patients and monitoring their contacts, as well as measures that affect groups or entire communities, such as quarantine, social distancing measures, and/or travel restrictions



Isolation and Quarantine

- Isolation and quarantine are public health control measures designed to protect the public by limiting contact between persons who are, or may be, contagious and others who are susceptible to infection
- **Isolation:** the separation of infected persons from other persons for the period of communicability in such places and under such conditions as will prevent the transmission of the infectious agent
- **Quarantine:** the limitation of freedom of movement of persons or animals that have been exposed to a communicable disease for a period equal to the longest usual incubation period of the disease, in such manner as to prevent effective contact with those not so exposed



Surge Capacity

- During an influenza pandemic, local agencies will need to use available resources as efficiently as possible in order to meet the healthcare needs of the community. This will mean curtailing nonessential services, using staff in non-traditional ways, providing services in places not used in ordinary times, anticipating the services that will be needed, and building capacity for equipment and supplies.
- **In a pandemic event, in which the demand for medical care exceeds available resources, the SLO County Surge Capacity SOP would be activated.** This SOP enables the coordinated response of the local healthcare system and the County to a pandemic event which has the potential for large volumes of people seeking emergency and/or acute medical assistance. In such a situation, normal standards of care may need to be replaced by crisis standards of care.
- **Surge strategies are aimed at increasing capacity** to provide the most important healthcare services to patients in most need. The strategies focus on four elements:
 1. Staffing
 2. Acute care bed capacity
 3. Consumable and durable supplies
 4. Continuation of essential medical services



Triage

- Assuming that there will be many cases and limited resources during a pandemic, the Triage SOP is intended to evaluate the needs of each individual and triage influenza patients efficiently in a crisis situation
- Triage personnel will decide when patients can be managed in an ambulatory setting, redirected home, sent to a GAACS, or admitted to an acute care hospital
- Triage SOP consists of numerous checklists, including:
 - EMS Providers
 - Cal Fire ECC



Care & Shelter

- Non-hospital healthcare settings will serve an important role during an influenza pandemic
 - Specific roles & responsibilities and actions are outlined in other plans/SOPs (Surge Capacity, Triage & Iso & Quarantine)
- The following may be called upon or activated to assist and care for patients outside of their normal practices:
 - Long Term Care Facilities such as Skilled Nursing Facilities (SNFs)
 - Residential Care Facilities and Group Homes that provide care and shelter for individuals with physical, medical or psychiatric disabilities
 - Health Care Clinics/Urgent Care Centers providing primary and specialty outpatient medical services to the community
- **GAACS: A GAACS is a location not currently providing healthcare services that will be converted to enable the provision of healthcare services to support patient care.** A GAACS is intended for persons with insufficient home-based resources (lack of caregiver, lack of permanent address, etc.) who cannot be admitted to a hospital setting, or released directly to home from a hospital setting, or would have anticipated problems with self-care activities
 - If a GAACS(s) is activated, the site(s) will:
 - Provide basic services – food, shelter and basic healthcare at a standard well below that of institutional settings.
 - Co-locate persons with presumed influenza with others also exposed to influenza.
 - Concentrate resources and staffing to facilitate provision of services to larger numbers of ill patients



Access to Functional Needs (AFN) Support Services

- SLOPHD will coordinate with other county departments and community-based organizations:
 - American Red Cross (ARC)
 - Area Agency on Aging
 - County Behavioral Health
 - DSS
 - LTCO
 - Senior Nutrition Program
 - Tri-Counties Regional Center
 - VOAD
- Ensure those with access and functional needs are receiving necessary support during a pandemic



Resources

- Point of Distribution (POD) sites, RSS sites, and GAACS may be staffed by local government employees, community organizations, contractors, volunteers and others
- SLOPHD stores and maintains a cache of equipment and supplies that can be used for POD sites. The cache includes general administrative supplies, position binders and vests, lighting, extension cords and signage. SLOPHD also stores and maintains GAACS/MS equipment and supplies. Both caches are stored at the HA Campus
- SLOPHD has Memorandums of Understanding (MOU) with select sites throughout the County for public health operations to be established in the event of an emergency. SLOPHD will assess which sites to activate based on the specific circumstances of the incident. SLOPHD will coordinate with identified sites to open and operate as needed

