PANDEMIC INFLUENZA OPERATIONS PLAN

Judith A. Monroe, M.D.
State Health Commissioner

June 2009

Indiana State Department of Health
Pandemic Influenza Operations Plan

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Introduction

This document forms the core of the Indiana State Department of Health Pandemic Influenza Plan. It is intended to provide a brief outline of the plan so that a reader can quickly obtain an overview. Details will be provided in annexes to this plan so that readers may quickly move to the parts of the plan that are of immediate concern. This provides a format in which each individual/unit/group/agency can work with an annex of manageable size while having access to the entire plan when needed.

Situation

An influenza pandemic is expected to occur about once every 30 years. Pandemics can cause a large portion of the population to become ill with widespread overload of the healthcare system and possible disruption of basic infrastructure services (such as delivery of food to grocery stores).

A. Assumptions
1. The pandemic does not start in North America
2. The early cases to occur in the United States are not in Indiana or an adjacent state
3. A separate annex is included in case the above assumptions are not correct. (That is, the pandemic starts in North America and/or one or more of the earliest cases in the United States is in Indiana.)
4. The pandemic is of Pandemic Severity Index (PSI)\(^1\) 5. (If it is of lesser severity, some elements of this plan may not be executed. Professional judgment will have to be exercised as to which elements are necessary to execute, after consulting guidelines in the annexes to this plan.)
5. Absenteeism will include those who are:
   a. ill with pandemic influenza
   b. asked to stay at home because they are contacts of influenza patients and may have become infected and therefore might spread disease (those in voluntary quarantine)
   c. giving supportive care to their sick household members
   d. concerned that they may have pandemic influenza
   e. concerned with having potential contact with other sick individuals
   f. well persons who remain at home to care for children due to school or daycare closure
   g. in bereavement due to the loss of life of family members or significant others
6. Infection will spread rapidly.

\(^1\) Community Strategy for Pandemic Influenza Mitigation. Available at http://www.pandemicflu.gov/plau/community/commitigation.html
7. The clinical disease attack rate will likely be 20% to 40%.
8. Worker absenteeism may be 30% or higher in the general population and 40% or higher in healthcare workers.
9. Fatality rates will depend on severity, but may be in excess of 2% of the population.

B. Facts
1. Unlike most other disasters, pandemic influenza evolves slowly. Pandemics come in waves lasting weeks to months, with periods of relatively low activity separating the waves. Neither the number of waves, their timing, nor their severity can be predicted. (The 1918-1919 Spanish Flu pandemic came in three waves with a total duration of about one year. Other pandemics have had different patterns.)
2. Susceptibility to pandemic influenza virus infection will be universal and no one will have natural immunity.
3. A vaccine specific for the prevention of infection by the pandemic strain will not be available for several months after the pandemic begins and will remain in inadequate supply for some time thereafter.
4. It is not known if the pandemic strain may be susceptible or resistant to available antivirals
5. The degree of public compliance with non-pharmaceutical countermeasures is unknown. While the effectiveness of these countermeasures may be surmised from studies of the 1918-1919 pandemic, there is no guarantee of effectiveness.
6. Some persons will become ill from pandemic influenza but may not develop clinically significant symptoms. These persons may be able to transmit pandemic influenza to non-infected persons.

Mission Statement

The Indiana State Department of Health will respond to protect the health and welfare of the citizens of Indiana to the maximum extent possible. The Indiana State Department of Health will provide disease surveillance and situational awareness with regard to the pandemic; coordinate the provision of antiviral medications, coordinate the provision of pandemic vaccine when it becomes available; and coordinate healthcare resources to ensure equitable distribution of these resources to the extent possible.

Execution

A. The Indiana State Department of Health (ISDH) will operate with the Indiana Department of Homeland Security and will provide technical, scientific and medical guidance.
B. The ISDH will operate with the Indiana Department of Homeland Security and will be lead agency for Emergency Support Function 8 (ESF 8)
C. Concept of Operation
   1. The ISDH will operate out of its offices at 2 North Meridian St., Indianapolis, IN and at its laboratory facilities.
   2. During at least parts of the pandemic 24/7 operation will necessary, requiring appropriate shift scheduling.
   3. In order to minimize employee exposure to possible infection (and subsequent absenteeism), the ISDH COOP (Annex C) will be implemented.

D. Tasks
   1. Epidemiology Resource Center/Surveillance and Investigation
      a. Conduct surveillance for the presence of pandemic influenza
      b. Continue to conduct surveillance activities to track the magnitude of the pandemic, observe its characteristics, and observe any changes in viruses or disease pattern.
      c. Provide subject matter expertise to the incident commander, the State Health Commissioner and others, as required.
      d. Coordinate epidemiology and surveillance with CDC and other states.
   2. Laboratory
      a. Conduct testing of epidemiologically relevant specimens for the presence of the pandemic influenza virus
      b. Characterize selected specimens for changes in the virus, either using its own facilities or by forwarding to another reference laboratory (CDC, etc.)
   3. Public Affairs
      a. Prepare and distribute appropriate public information messages about the pandemic
      b. Provide input into the crafting of public statements for the State Health Commissioner, the Governor and others, as needed.
      c. Provide assistance to Local Health Departments in crafting appropriate public information messages about the pandemic
   4. PHPER
      a. SNS – Distribute antivirals, vaccine (when available), and SNS and other supplies.
      b. Coordinate, run and support the Department Coordination Center (DCC), including both IT and logistical support and recruitment of staff to support operations of the DCC (such as clerical and financial staff).
      c. When the State Health Commissioner determines that vaccine supplies are adequate for distribution to the general public, PHPER will initiate mass vaccination.
      d. Track hospital and alternate care site bed surge and availability.
      e. Coordinate with other state agencies.
      f. Coordinate with federal agencies (other than CDC on epidemiology and surveillance, see D.a.iv).
      g. Man the ESF 8 desk at the State EOC.
5. Mental Health
   a. Work with health care providers and first responders
   b. Provide input to messages to public to assist with the mental wellbeing of the population
   c. Work with families of victims and with survivors
   d. Subject matter expert (SME) on mental health for ISDH

6. Legal
   a. Prepare (in advance) a draft of the Governor’s declaration of emergency and obtain preliminary clearance from the Governor’s Office. This is intended to mitigate any delay in making the declaration when the time comes.
   b. Make final changes to Governor’s declaration of emergency and obtain Governor’s concurrence.
   c. Prepare (in advance) a draft of the Health Commissioner’s declaration of closing of schools and mass gatherings and obtain preliminary clearance. This is intended to mitigate any delay in making the declaration when the time comes.
   d. Make final changes to the Health Commissioner’s declaration of closing of schools and mass gatherings.
   e. SME for legal matters to ISDH, including providing an SME in the DCC.

7. Administration
   a. Maintain continuity of ISDH operations, including development and implementation of the ISDH Continuity of Operations Plan (COOP).
   b. Maintain building operations and security.

8. Food Safety
   a. Coordinate with local health departments regarding food safety under health department jurisdiction
   b. Coordinate with Indiana Board of Animal Health (BOAH)
   c. Coordinate with FDA and USDA, as needed.

Logistical Support

A. Identified in annexes

Control and Signal

A. The DCC will be located at 2 North Meridian St, Indianapolis, Indiana in the 8th floor training room.
B. Operations will be structured according to Incident Command System (ICS) guidelines and will conform to NRP/NIMS requirements.
C. Internet will be the primary means of communication. Commercial telephone will be secondary. Cell phone, 800MHz radio, and satellite phone will be tertiary.
Contact Information and Confidentiality

Throughout this plan responsible individuals are identified by organizational title/position and not by name. This allows for staff turnover without having to revise the plan. Where contact information is needed, an individual will be designated to maintain the contact list and distribute it on a need-to-know basis. The list will not be published in the plan documents. This allows for maintaining confidentiality of information (such as home phone numbers) and for easy revision due to staff turnover or organizational change.
<table>
<thead>
<tr>
<th>Annex</th>
<th>Subject</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>Background information on Pandemic Influenza</td>
</tr>
<tr>
<td>B.</td>
<td>Plan Triggers – Pandemic Stages, Intervals, Severities and Actions</td>
</tr>
<tr>
<td>C.</td>
<td>ISDH Continuity of Operations Plan (COOP)</td>
</tr>
<tr>
<td>D.</td>
<td>Epidemiology and Surveillance</td>
</tr>
<tr>
<td>E.</td>
<td>Laboratory</td>
</tr>
<tr>
<td>F.</td>
<td>Community Containment</td>
</tr>
<tr>
<td>G.</td>
<td>Medical Countermeasures</td>
</tr>
<tr>
<td>H.</td>
<td>US Ports of Entry</td>
</tr>
<tr>
<td>I.</td>
<td>Support and Coordination of Healthcare Facilities</td>
</tr>
<tr>
<td>J.</td>
<td>Management of Mass Fatalities</td>
</tr>
<tr>
<td>K.</td>
<td>Tactical Communications</td>
</tr>
<tr>
<td>L.</td>
<td>Mental Health</td>
</tr>
<tr>
<td>M.</td>
<td>Special considerations if the pandemic starts in North America and/or if some of the earliest cases in the United States are in Indiana or an adjacent state</td>
</tr>
</tbody>
</table>

Page 6 of 6
Annex F
Community Containment

I. Background
A. Containment strategies
   1. Social distancing (interventions to reduce personal interactions)
   2. School closure
   3. Restrictions on mass gatherings and/or public events
   4. Isolation of symptomatic individuals
   5. Quarantine of individuals or groups with potential or actual exposure (not ill)
B. Hygiene measures to promote
   1. Wash hands frequently.
   2. Cover your mouth with tissue, your elbow or upper sleeve when you cough or sneeze. Discard used tissues promptly and wash your hands.
   3. Stay home if you are sick (and how long to stay home).
   4. Avoid contact with those who are ill.

II. Communication and Education
A. Public education
   1. A call center may be established as outlined in Appendix 1.
   2. ISDH pandemic influenza Web site
      a. The ISDH ERC Surveillance and Investigation Division monitors the pandemic influenza Web site to make sure materials are current and determines which materials should be added or removed.
      b. Once the ISDH pandemic influenza plan has been enacted, requests to post flu-related materials are prioritized and posted within one business day.
      c. Materials posted to the ISDH Web site are reviewed by the Director of Surveillance and Investigation and other necessary staff and the ISDH OPA Director prior to posting.
   3. Media
      a. The ISDH OPA Director or designee serves as the agency spokesperson during pandemic response-related activities.
      b. The ISDH ERC Surveillance and Investigation Division provides information when necessary. Case counts are provided to OPA and senior agency officials at specified times per day.
      c. Methods (including but not limited to)
         i. Press releases and press conferences (print, radio, television)
         ii. Public service announcements (PSA) in video, audio, and print formats
         iii. Interviews with media (print, radio, television)
      d. Information (including but not limited to)
         i. Call center number
         ii. When/where to seek medical care
         iii. Hygiene measures (see I.B. above)
         iv. Infection control and prevention (including social distancing)
         v. Caring for those ill
         vi. Illness information (signs, symptoms, incubation, transmission)
vii. Case counts and other epidemiologic information
4. Private and public health provider information
   a. Indiana Health Alert Network (IHAN): The ISDH ERC Surveillance and
      Investigation Division prepares messages as necessary, defines level of
      alert and role codes, and submits to Preparedness staff for distribution.
   b. Blast e-mail/fax: The ISDH ERC Surveillance and Investigation Division
      prepares messages as necessary, defines recipients, and submits to
      appropriate staff for distribution.
   c. Partner newsletters/distribution lists: The ISDH ERC Surveillance and
      Investigation Division prepares messages as necessary, defines recipients,
      and submits to appropriate staff for distribution.
   d. Information (including but not limited to)
      i. Provider hotline number
      ii. Case definitions and investigation procedures
      iii. Diagnosing and testing parameters
      iv. Surveillance updates
      v. Federal and state guidance on community mitigation measures

III. Community Outreach
    A. CDC checklists for community use are available on the pandemic influenza page
       of the ISDH Web site for businesses, community and faith-based organizations,
       non-profits, and others. Local health departments may use these to coordinate
       with community groups,
    B. The ISDH has provided guidance to local health departments to define special
       populations in their communities and collaborate with community partners.
    C. “Town hall meetings” are conducted by local health departments to encourage
       networking and coordination with community partners, including local health
       departments, businesses, faith-based organizations, non-profits, and others.

IV. School Closure
    A. When, in the professional opinion of epidemiologists in the ISDH ERC,
       surveillance data indicate that school closure should be considered to slow the
       spread of transmission, the ERC informs the State Health Commissioner.
    B. The ISDH ERC provides the most current federal guidance on school closure,
       including day care facilities and institutions of higher education, to the State
       Health Commissioner.
    C. When the State Health Commissioner decides to close schools, the ISDH:
       1. Proceeds according to Appendix 2, “Special Considerations for Schools and
          School Closure,” of this Annex
       2. Informs the Indiana Department of Education, State School Superintendent.

V. Isolation and Quarantine
    A. The ISDH strongly encourages the use of voluntary isolation at the earliest sign
       of illness and voluntary quarantine of individuals with known exposure (such as
       caring for someone ill, travel to affected areas, or those traveling on public
       conveyance with someone ill) to the greatest extent possible.
    B. The ISDH provides the most current federal guidance on isolation and quarantine
       to the State Health Commissioner and other partners as warranted.
C. Indiana Administrative Code (IAC) 16-41-9-1.5 provides the legal authority and procedure for establishing quarantine or isolation of individuals or groups.

D. The decision to invoke mandatory isolation or quarantine is based on:
   1. surveillance data indicating the transmissibility of the virus
   2. federal guidelines for isolation and quarantine
   3. likelihood for exposing others
   4. likelihood for noncompliance with voluntary isolation and/or quarantine

E. Situations that may require orders for isolation or quarantine include:
   1. Egress or ingress through Indiana ports of entry to/from foreign countries

F. The ISDH informs the Attorney General’s Office about laws to enable needed restrictive measures with the goal of implementing them with minimal delay following a decision to institute their use.

G. In each local jurisdiction the local health department, emergency management agency or other designated agency monitors those in mandatory isolation or quarantine and provides for their necessary supplies.

H. The practice of mandatory isolation and quarantine is discontinued if ISDH or local resources needed to maintain this activity are exceeded.
Annex F, Appendix 1
Establishing Call Center

I. Background
   A. A call center is a centralized location equipped and staffed to handle a large volume of telephone calls.
   B. Call center staffs disseminate accurate information and refer callers to services and resources for additional assistance in the event of a disaster.
   C. A call center is established at the direction of the State Health Commissioner and/or his/her designee.

II. Identify start date and hours of operation for call center
   A. The Director of Public Health Preparedness and Emergency Response (PHPER) or Director of Epidemiology Resource Center (ERC) will
      1. Advise when the call center should open
      2. Advise hours of operation
         a. Generally, the call center will be open Monday through Friday, 8:00 a.m. to 4:45
         b. When needed, PHPER or ERC will require weekend hours of operation

III. Identify a room and equipment for the call center
   A. The Administrative Services Division Director:
      1. Locates a room with access to food, water, restroom and kitchen facilities, etc.
      2. Locates phones. If the room does not already have phones, Administrative Services will utilize the phones in the Department Operations Center (DOC) cabinet of the 8th floor training room.
      3. Locates computers. If the room does not already have computers, Administrative Services will utilize the DOC computers in the cabinet of the 8th floor training room.
      4. Locates a printer. If the room does not already have a printer, Administrative Services will utilize the DOC printer / fax in the 8th floor training room.
      5. Locates headsets. Administrative Services will utilize the DOC headsets in the cabinet of the 8th floor training room.
      6. Secures the toll free number for the call center
      7. Sets up the phone system to include:
         a. number of phones necessary
         b. call roll over
         c. when a staff person is away from his/her phone, what happens to that line
         d. when all phones are in use, what happens to the next call
         e. create message for afterhours callers
      8. Sets up a health care provider hotline, if requested and necessary
      9. Grants appropriate building access and parking provisions to all call center staff to include weekend and afterhours access and provisions
     10. Contacts the DOC Set Up Team to request that the room be set up. Set up procedures are located in One Note Notebook for the DOC. The DOC Set Up Team:
         a. Sets up the phones
b. Sets up the computers
c. Sets up the printer
d. Sets up the headsets

11. Tests that the room setup is working correctly
   a. Verify the phone features are working correctly
   b. Verify the computers and printer are working
   c. Verify the toll free number is working

IV. Identify appropriate means to notify the media of the call center
   A. The Office of Public Affairs (OPA):
      1. Sends out a news release statewide to the media to notify the public of the call
         center and publishes the toll free number.
         a. This does not occur until the call center is up and running.
         b. The phone number of any health care provider hotline, if established, is
            not to be released to the media or disseminated by OPA.
      2. Submits a Web services request on SharePoint to have information on the call
         center posted on the ISDH Web site and/or works with the Indiana
         Department of Homeland Security (IDHS) to have it posted
         on www.in.gov/flu.
         a. The phone number of any health care provider hotline, if established, is
            NOT to be released to the media or disseminated by OPA or IDHS.
      3. Sends an IHAN message, if deemed appropriate.
      4. Will need:
         a. Phone number for call center
         b. Confirmed days and hours of operation of the call center and helpline
         c. Copy of the script to be used by the call center/helpline staff
         d. Contact information for call center manager

V. Identify appropriate communication information to be relayed by the call center
   staff
   A. The ERC:
      1. Writes scripts in collaboration with PHPER, Office of Public Affairs (OPA)
         and office of Legal Affairs (OLA) and distributes the scripts to call center
         staff and health care provider hotline staff.
         a. Scripts will be updated as necessary throughout the event.
      2. Trains call center volunteers
      3. Provides appropriate websites, contact numbers, etc.

VI. Identify management for the call center
   A. The Division Director of PHPER and Division Director of ERC designates as
      manager of the call center.

   B. The call center manager:
      1. Obtains the schedule and the roster list of interested call center staff (both are
         developed and maintained by PHPER)
      2. Completes the schedule taking into account lunch coverage, shift overlap for
         training, burn-out of staff, program area needs, etc.
      3. Ensures that appropriate office supplies are available for call center staff
      4. Trains call center staff on how to enter all call information on a pre-developed,
         shared spreadsheet (developed and maintained by ERC and PHPER) that can
be sorted to show how many calls are regarding a particular question, symptom, etc.
5. Determines the number of staff needed at the beginning of each day and notifies staff if changes need to be made
6. Determines the number of phones needed at the beginning of each day and contacts Administrative Services if changes need to be made
7. Ensures the phones are properly configured for the day's operation
8. Reports the daily number of calls at noon and close of business to the Director of PHPER and Director of ERC
9. Ensures that facial tissues, hand sanitizers and waste baskets are available for each staff person
10. Secures supplies so that each work area is sanitized in the morning, at shift change and at close of business
11. Monitors the call center operation and addresses any operating issues with the phones or computers.

VII. Identify if there is a need for a health care provider hotline
A. A healthcare provider hotline is established at the direction of the State Health Commissioner and/or his/her designee.
B. The Director of PHPER or Director of ERC will contact the ISDH staff members who are physicians to advise them of the need to assist.
C. The PHPER Division will provide the hotline number to health care providers ONLY.

VIII. Identify expectations of call center staff
A. Call center staff:
   1. Receives permission from supervisor to work at the call center
   2. Follows script
   3. Appears on time
   4. Receives training on phone use and the script.
   5. Remains for entire shift unless released early by call center manager or permission is granted by call center manager to leave early
   6. Logs all call information onto spreadsheet
   7. Reports number of call received to call center manager at noon and COB

IX. Identify when to close the call center
A. The closure of the call center is initiated at the direction of the State Health Commissioner and/or his/her designee
   1. The Director of PHPER or Director of ERC will recommend closure to the State Health Commissioner.
   2. This may occur when the number of calls has dropped to a level that can be managed by the program area.
   3. The call center may also be transferred to one specific staff person who will solely man the call center until it is decided to close it.
   4. OPA should be notified immediately when it is determined to close the call center. OPA will provide at least 24 hours notice to the public in a news release advising of the closure of the call center.
B. The DOC Set Up Team tears down the phones and equipment. Tear down procedures are located in the One Note Notebook for the DOC.

Annex F, Appendix 1 Page 3 of 3
Annex F, Appendix 2
Special considerations for schools and school closure

I. Rationale for school closure
   A. Figure 1 (a 2-page document) contains a memorandum from the Indiana State Health Commissioner outlining the reasons for school closure.

II. Epidemiologic Considerations
   A. Each of the following three categories of institutions may be considered separately for closure, as outlined elsewhere in the Plan, and with due regard for epidemiologic considerations:
      1. K-12 schools
      2. day care centers
      3. post secondary educational institutions (such as colleges, universities, or business schools)

III. Legal considerations
   A. Each school district must receive a specific school closure order naming the district.
   B. Each school not affiliated with a school district (such as private or religious schools), day care center, and post-secondary educational institution must receive a specific school closure order naming the school, day care center, or institution.
   C. The order must be signed by the Local Health Officer or by the State Health Commissioner or designee.

IV. The Plan
   A. The attorney in Public Health Preparedness and Emergency Response at ISDH will draft a school closure order template with blanks for the name of the school district or institution and any other required information that may be specific to the school district, institution, county, or city.
   B. The order template will be transmitted to the Local Health Department by e-mail, fax, or other communication device.
   C. The Local Health Department will make copies and fill in the blanks for each school district, unaffiliated school, day care center, or post-secondary educational institution in its jurisdiction.
   D. The Local Health Officer will sign the orders.
   E. The Local Health Department will deliver the order to each school district, day care center, or other institution (as noted above), by all three of the following methods:
      1. courier
      2. AND certified mail, return receipt requested
      3. AND regular US Postal Service mail.
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May 15, 2007

TO:

Pandemic Influenza Planning Partners

FROM:

Judy Monroe, MD
State Health Commissioner

SUBJECT: School Closure and Slowing the Spread of Pandemic Influenza in the Community

The Mission of the Public Health Surveillance and Preparedness Commission is to respond to public health threats and prevent avoidable disease, death, and disability.

Background

In the event of the outbreak of pandemic influenza, it will take 6-8 months to develop vaccine and vaccine will likely continue to be in short supply for a year or more. Likewise, antiviral medication is also expected to be in short supply. Therefore, the best hope for early mitigation of the pandemic lies in the realm of non-pharmacological interventions. These interventions include isolation of sick individuals, quarantine of close contacts of those who are sick, and various forms of social distancing, such as school closing and discouragement of large public gatherings. It is understood that these methods can not prevent the pandemic but they can help prevent avoidable disease, disability, and death by slowing the spread of influenza in the community. By doing so, it will:

- Buy time for the production and distribution of vaccine and/or antiviral medications;
- Extend, or stretch, the epidemic wave to lower the peak incidence of absenteeism, thus reducing the degree of social and economic disruption and disruption of essential services. For example, with lower absenteeism among health care workers and fewer people seeking care on any given day, the healthcare system would be better able to provide adequate care to those who need it.

Importance of School Closure to the Community

Schools are already known to be a hotbed of influenza transmission within communities. Schools bring a large number of children together. The disease is easily spread among the children and brought home to other household members. One study shows that 65% of those infected with influenza catch it from a child or teenager. Simulation models of influenza transmission indicate that while other methods of social distancing (e.g., discouraging large public gatherings) also have some effect, none are as effective as closing schools.
Timing of Closure
Studies of information from various U.S. cities during the 1918 influenza pandemic show that cities that closed schools early in the pandemic experienced lower incidence of disease than those that closed schools later. This is also supported by simulation models of influenza transmission. The exact timing of school closure depends on several factors and is best determined by epidemiologists at the Indiana State Department of Health (ISDH) and at the Centers for Disease Control and Prevention (CDC), taking into account what is known about the severity of the pandemic and the spread of the virus in other areas prior to its arrival in Indiana. It is clear, however, that closing should take place early in the pandemic, probably before it is even evident to most people that the pandemic is about to reach their community. In the event of a pandemic the decision to close the schools will be made by the State Health Commissioner.

Re-opening
The decision of when to reopen schools is much more problematic than deciding when to close them. During the 1918 pandemic, many communities reopened schools or lifted restrictions too early and experienced a rapid upsurge in disease incidence. A few communities waited too long and lifted restrictions just before the onset of the next wave of the pandemic. While it is easy to look at these communities with hindsight and say they opened too early or too late, it is not so easy to make this determination while events are unfolding. Again, timing is best determined by epidemiologists at the ISDH and at the CDC, taking into account what has happened in other communities that have lifted restrictions.