

# A Template for Developing an Influenza Pandemic Response Plan

## *Guidance for Tribal Governments in Arizona*



## **Preface**

Like all communities in Arizona, tribal communities will be highly affected prior to and during an influenza pandemic. This template is designed to help tribal governments plan response activities that are necessary at the tribal level. All tribal governments should have a jurisdiction-specific Influenza Pandemic Response Plan that is an extension of both their overall Emergency Response Plan and the Arizona Influenza Pandemic Response plan, which is posted at [www.azdhs.gov/pandemicflu](http://www.azdhs.gov/pandemicflu). In order to most effectively respond during a pandemic, each tribe should develop a plan that fits into the existing state plan to more effectively coordinate overall resources in the state.

It is critical that tribal governments plan in advance so that pandemic response activities can be efficiently carried out in the event of an influenza pandemic. This document is intended to facilitate discussions, planning and decision-making. More information can be obtained from the Arizona Department of Health Services (ADHS).

## **SUGGESTED FRAMEWORK IN DEVELOPING AN INFLUENZA PANDEMIC RESPONSE PLAN**

### **1.0 Introduction**

Key Elements:

- Identification of tribal, local, state and federal offices that the tribal government will need to work most closely with. (Indian Health Service (IHS), neighboring county health departments and ADHS)
- Statement about whether the plan is based on the World Health Organization Pandemic Planning Periods and Phases.
- Identification of critical providers and partners
  - IHS, emergency management and homeland security departments and area first responders should be encouraged to participate in the development of the tribal government's plan and to develop their own plans.
  - Discussion of A.R.S. 36-787 which establishes that the Arizona Department of Health Services (ADHS) becomes the primary coordinating agency in the state for statewide public health activities.

### **1.1 Background**

Key Elements:

- Acknowledgement that tribal governments need to be prepared for an influenza pandemic.
- Acknowledgement that the tribal government's plan is a coordinated effort and is based on the U.S. Department of Health and Human Services' *Pandemic Influenza Plan, November 2005* <http://www.hhs.gov/pandemicflu/plan/> and the *Pandemic Influenza Incident Annex to the State Emergency Response and Recovery Plan (SERRP)*.

## 1.2 Organization of the Plan

Suggested Structure:

- This plan can be divided into four periods and a total of six phases that begin with the absence of a new virus subtype and end with the resolution of the pandemic. The periods are:
  - **Interpandemic (Phases 1 and 2)**
  - **Pandemic Alert (Phases 3, 4 and 5)**
  - **Pandemic (Phase 6)**
  - **Post pandemic**

## 1.3 Situation and Assumptions

Key Elements:

- Suggested factors to assume when developing a plan:
  - An influenza pandemic is likely to occur sometime in the future.
  - A new virus subtype will likely emerge in a country other than the United States, although a novel strain could first emerge in the United States.
  - Although there may be isolated pockets, the pandemic could affect all geographic areas of the state.
  - When the pandemic occurs, vaccines and medicines will be in short supply and will have to be allocated on a priority basis.
  - The emergency response element will require substantial interaction between state, local, and tribal agencies in addition to the local and tribal health departments.
- Suggested topics of discussion and decision-making:
  - Establishing policy that IHS facilities and other community facilities will discharge of all but critically ill hospitals patients.
  - Expanding hospital capacity by using all available space and equipment on the hospital campus.
  - Adjusting patient-to-hospital staff ratio at IHS hospitals.
  - Recruiting volunteers who can provide custodial services under the general supervision of health and medical workers.
  - Relaxing practitioner licensure requirements as deemed appropriate.
  - Utilizing general purpose and special needs shelters as temporary health facilities.
  - Expansion of mortuary services capacity.
  - Ensuring adequate supply of antibiotics that may be short due to secondary bacterial infections.
- Acknowledgement that the federal government will provide guidelines, fact sheets, treatment and triage protocols, use of antiviral agents.

## 1.4 Concept of Operations

The Pandemic Flu response strategy involves the following elements:

- Federal guidance and direction
- Local and tribal support

- Tribal application of the Public Health Incident Management System
- Liability
- Special Populations
- Executive and Regional Planning Committees

## 1.5 Federal Guidance and Direction

Key Elements:

- How will the tribal government work with national health agencies on the progress of the pandemic.
- How will the tribal government communicate with ADHS, local health departments and other tribal governments about pandemic stages, information about the virus (such as laboratory findings), vaccine availability, recommendations for prioritizing vaccine and antivirals/antibiotics, national response coordination and other recommended strategies for pandemic detection, control and response.

## 1.6 Local and tribal Support

Key Elements:

- Identification of the role of the tribal government:
- Identification of who will be responsible for the following:
  - Conducting flu surveillance in their jurisdictions
  - Distributing and administering flu vaccine, if available
  - Responding to all crises in their jurisdiction, such as health care facility surge capacity, public inquiry and media requests, etc.
- Acknowledgement that ADHS is responsible for updates on pandemic status and response activities.

## 1.7 Nation/Tribe Incident Management System

Key Elements:

- Description of the tribal government's incident management structure.
- Description of how the Incident Commander would be appointed and responsibilities.
- Description of how the command staff will oversee planning, response, recovery, and mitigation efforts.

## 1.8 Statewide Emergency Response

Key Elements:

- Acknowledgement that in the event of a State of Emergency, the State's emergency management structure is put into place (refer to the State Emergency Response and Recovery Plan (SERRP) [www.dem.state.az.us/preparedness/SERRP/SERRP\\_Layout\\_Index.html](http://www.dem.state.az.us/preparedness/SERRP/SERRP_Layout_Index.html) ) According to the *Pandemic Influenza Incident Annex* of the SERRP, ADHS is listed as the

primary response agency and will provide an Incident Commander to oversee all of the statewide response activities.

- Acknowledgement that the Arizona Department of Emergency Management will provide logistical support and work in conjunction with ADHS, local and tribal health officials, tribal emergency management departments and other partners.

## **1.9 Liability**

Key elements:

- If a tribal government decides to include liability guidelines. The following statutes may be useful.
  - ARS § 26-310 Use of Professional Skills
  - ARS § 23-901.06 Volunteer Workers
  - ARS § 26-314, Immunity of state, political subdivisions and officers, agents and emergency workers; limitation rules

## **1.10 Special Populations**

Key Elements:

- Special populations may be identified for special planning and education and outreach. Examples include:
  - Persons with physical disabilities, mental impairments, elderly and geographically isolated persons
  - Tribal businesses
  - Schools, child care facilities
  - Long-term care facilities
  - Churches
  - Volunteer organizations
  - Health care providers
  - Community leaders
  - Emergency responders
  - Local media
  - Gaming facilities

## **2.0 Specific Activity Preparedness**

The following portion of the guidance outlines specific Tribal response activities. These activities are listed here, by category, as an outline of specific actions that arise during the different phases of pandemic response, as part of an overall statewide response.

### **2.1 Surveillance and Epidemiology**

Note: Disease surveillance and epidemiological analysis are the key science-based components for all public health response activities. While ADHS will coordinate statewide surveillance activities, it is the tribal governments, IHS and counties that are the primary agencies for conducting surveillance. The current surveillance systems during non-pandemic, seasonal influenza will be the basis for any surveillance activities during a pandemic.

### *Key Elements of Interpandemic (Phase 1-2) Activities*

- Assuring ongoing participation with IHS and tribal influenza surveillance systems.
- Increasing tribal and IHS participation in sentinel surveillance for influenza-like illness.
- Exploring opportunities to conduct syndrome surveillance with local reporting sources (i.e., clinics, ambulance companies, schools, etc.)
- Maintaining tribal participation in the Arizona Health Alert Network, by receiving and re-distributing health alerts to appropriate community members.
- Ensuring the full implementation of MEDSIS with IHS and the tribal health department (if applicable).
- Ensuring the ability to collect tribal deaths certificates related to infectious causes, especially influenza, in a timely manner.

### *Key Elements of Pandemic Alert (Phase 3) Activities*

- Working with IHS, other medical providers, and the county health department to investigate initial reports of potential human influenza infections; utilizing local and tribal rapid response teams (RRT) on tribal land. These response activities include completing investigations forms, obtaining specimens for testing, and monitoring close contacts for influenza-like illness (ILI).
- Working with medical providers to ensure that IHS and the tribe immediately inform ADHS of any suspected human infection with an avian/animal/novel human strain of influenza.
- Working with medical providers to ensure timely and comprehensive reporting of ILI from sentinel sites.
- Working with medical providers to monitor syndromic surveillance data sources and evaluating increased activity, as appropriate.
- Assisting ADHS with distribution of epidemiologic reports of influenza activity updates to tribal surveillance partners and stakeholders and participating in regular pandemic alert surveillance conference calls with ADHS.

### *Key Elements of Pandemic Alert (Phase 4) Activities*

- Requesting healthcare providers to screen travelers arriving from influenza-affected areas for ILI.
- Working with medical providers to collect and analyze demographic data on clusters, ill travelers, or unusual cases.
- Working with medical providers to initiate active surveillance for hospitalized cases and initiate active surveillance for influenza deaths

### *Key Elements of Pandemic Alert (Phase 5) Activities*

Continue with previous phase activities, likely at increased levels. Consider activating Tribal Public Health Incident Command System to better coordinate activities within jurisdiction

### *Key Elements of Pandemic (Phase 6) Activities*

- Coordinating with the IHS and the ADHS to increase surveillance with health care providers at the early stages of a declared Pandemic, to detect the introduction of virus into the jurisdiction.
- Assisting IHS and other medical providers with the analysis of tribal community morbidity and mortality data to establish population and geographic area-specific rates.
- Assisting the IHS in ensuring medical examiner reporting of influenza-related deaths.

- Evaluating additional sources of surveillance data to determine the effectiveness of pandemic influenza interventions and resource allocation needs.
- Adjusting surveillance and testing levels once the virus has been identified in the tribal government's community depending on resource availability.
- The pandemic strain is likely to become a routinely circulating influenza A subtype. When that happens, the activities of the tribal government could revert to the frequency and intensity typically seen during interpandemic influenza seasons.

## **2.2 Health Care Response Coordination**

### *Key Elements of Inter-Pandemic Activities*

- Working with IHS, ADHS, county health departments and health care providers to ensure overall coordination.
- During Interpandemic and Pandemic Alert Periods, working with the local County Health Department, along with tribal emergency management, first responder agencies, and health care entities to develop preparedness plans including infectious disease referral systems and patient surge capacity plans.

### *Key Elements of Interpandemic and Pandemic Alert Activities*

- Maintaining active participation in their respective Arizona Emergency Preparedness and Response Public Health Region Committees
- Building close relationships with IHS hospital administrators to ensure closer coordination during emergencies.
- Identifying multiple lines of redundancy for communication between tribal facilities, IHS facilities, local and tribal health department, ADHS, and other health care institutions.
- Ensuring facilities have an influenza pandemic response plan as part of their overall facility emergency response plan.
- Ensuring that IHS and other health care partners receive latest guidance from ADHS or HHS during an emergency.
- Working to identify needed health care resources, depending on the impact of a pandemic on the health care system.

## **2.3 Vaccine and Antiviral Delivery and Administration**

Note: Vaccines and antivirals are public health and medical tools to prevent and respond to influenza outbreaks. Their effectiveness during any given outbreak is not certain, especially during a pandemic due to a novel strain. While it is important for local plans to include the use of these tools as potential interventions, they are not the focus of an influenza pandemic response plan. Vaccines are to be used as a preventative measure, while antivirals will primarily be used as a treatment by health care providers, but may also be used as a prophylactic measure for response officials with the highest risks of exposure. Tables 1 and 2 display vaccine and antiviral distribution worksheets for tribal government use.

### *Key Elements of Inter-Pandemic and Pandemic Alert Activities*

- Working with IHS to develop and implement plans, systems and capacities to receive, distribute, and administer vaccine.

- Working with IHS to identify and train public health volunteer workforce to staff and administer mass vaccination clinics.
- Working with IHS to identify strategies to deliver vaccine doses to health care and immunization providers as part of the overall vaccine response plan.
- Working with IHS to develop a system to rapidly vaccinate staff within respective agencies, and their families.
- Working with IHS to identify strategies to effectively distribute antiviral medications to potential priority groups, including hospitals and clinics for patient treatment, and frontline health care providers, first responders and other priority workers for potential prophylactic measures.

*Key Elements of Pandemic (Pre-Vaccine Availability) Activities*

- Working with the IHS to mobilize response partners, and prepare to activate plans for distributing and administering vaccines and antivirals, as necessary.
- Working with the IHS to activate plans and systems to receive, distribute and administer pre-pandemic stockpiled vaccines and antivirals to designated groups.
- Working with the IHS to begin accelerated training in vaccination and vaccine monitoring for public health staff and for partners responsible for vaccinating priority groups.
- Working with the IHS, and the ADHS and non-governmental organizations to ensure effective public health communications.

*Key Elements of Pandemic (Post-Vaccine Availability) Activities*

- Working with the IHS to activate plans and systems to distribute and administer vaccines to designated groups.
- Phasing in vaccination of the rest of the tribal population after priority groups have been vaccinated.

## **2.4 Community Disease Control**

Note: Community Disease Control measures are those measures that are taken to limit or slow the spread of illness on tribal lands. These can be enacted on an individual basis (i.e., quarantine of a contact of a case), on a large group of individuals (e.g., the quarantine of plane passengers that arrive with a case), or at the community level (e.g., declaration of “Stay Home Days” to keep citizens at home, creating social distance among all members of the community). These measures are best enacted by the tribal government as such measures may only be necessary or effective in certain communities. Tribal governments are encouraged to consult with ADHS and the local County Health Department prior to taking such actions.

*Key Elements of Inter-Pandemic and Pandemic Alert Activities*

- Identifying and engaging traditional tribal partners (e.g., IHS, public health, and health care providers) and non-traditional community partners (e.g., transportation workers) and invite them to participate in preparedness planning and in pandemic influenza containment exercises and drills.
- Providing information to the tribal community on the definitions of and the potential need for individual, small group, and community containment measures, to create a wider understanding and acceptance during a pandemic.
- Working with IHS and partners to identify potential isolation and quarantine facilities.

- Working with IHS and ADHS to accommodate medical evaluation and isolation of quarantined persons who exhibit signs of influenza-like illness.
- Working with partners to develop tools and mechanisms to prevent stigmatization and provide mental health services to tribal members in isolation or quarantine, as well as to family members of affected persons and other community members.
- Establishing procedures for delivering medical care, food, and services to persons in isolation or quarantine. These efforts should take into account the special needs of children and persons with disabilities.
- Working with IHS to develop protocols for monitoring and enforcing quarantine measures.
- Ensuring that legal authorities and procedures exist for various levels of movement restrictions.

#### *Key Elements of Pandemic Alert Period Activities*

Note: When a case with a novel strain has been identified that matches a strain with potential to cause a pandemic, state and tribal quarantine authority can be used to separate known exposed contacts of cases, to help limit spread within community.

- Ordering quarantine of contacts only when there is a high probability that the ill patient is infected with a novel influenza strain that may be transmitted to others.
- Monitoring contacts who are quarantined at least once a day—by phone or in person—to assess symptoms and address any needs

#### *Key Elements of Pandemic Period Activities*

Early in Pandemic period the quarantine authority should be used to separate known exposed contacts of cases, to help limit spread within community.

- Ordering quarantine of contacts only when there is a high probability that the ill patient is infected with a novel influenza strain that may be transmitted to others.
- Monitoring contacts who are quarantined at least once a day—by phone or in person—to assess symptoms and address any needs

Note: As the disease progresses within the community, use of quarantine will likely have little value, except in closed settings. Community-wide containment measures should be enacted as detailed in Supplement 8 of the ADHS Pandemic Readiness Plan. These measures may include:

- Promotion of community-wide infection control measures (e.g., respiratory hygiene/cough etiquette).
- Declaration of community “Stay Home Days.”
- Closure of gaming facilities, tribal buildings, shopping areas, schools, and public transportation.
- Identification of strategies to determine impact of containment measures on disease and on tribal community. Information can be used to better focus containment measures.

## **2.5 Public Information**

Note: During the Interpandemic Period, it is key that communications professionals from the tribal governments work closely with the ADHS communications team and other response agencies to focus on preparedness planning.

A.R.S. 36-787 establishes that ADHS is the lead agency for crafting public information strategies and messages during a declared public health emergency. The tribal governments play a critical role in ensuring that a unified message reaches tribal community members in the appropriate format and language.

#### *Key Elements of Inter-Pandemic Period Activities*

- Assessing and monitoring readiness to meet communications needs in preparation for an influenza pandemic, including development and routine update of communications plans.
- Participating in regional and statewide emergency communication activities with IHS, ADHS, other response agencies, private industry, education, and nonprofit partners.
- Identifying and training lead tribal subject-specific spokespersons.
- Making available tribal public health communications staff with training on risk communications during an influenza pandemic.
- Developing and maintaining up-to-date communications contacts.
- Participating in tabletop exercises and other collaborative preparations to assess readiness.
- Confirming any contingency contracts needed for communications resources during a pandemic.

#### *Key Elements of Pandemic Alert Period Activities*

- Disseminating messages and materials to Tribal community members to increase the knowledge and understanding of the public, health care professionals, policy-makers, media, and others about unique aspects of pandemic influenza that distinguish it from seasonal influenza, and generally what to expect during different phases of an influenza pandemic.
- Educating the public about rumors and false reports regarding pandemic influenza threats.

#### *Key Pandemic Period Activities*

- Contacting key community partners and implementing frequent tribal update briefings.
- As appropriate, implementing and maintaining community resources, such as hotlines and websites to respond to local questions from the public and professional groups.
- Tailoring communication services and key messages to specific audiences; utilizing statewide special populations study information to target specific hard to reach populations.
- In coordination with epidemiologic and local medical personnel, obtaining and tracking information daily on the numbers and location of newly hospitalized cases, newly quarantined persons, and hospitals with pandemic influenza cases. It is then important that the tribal governments use these reports to determine priorities among community outreach and education efforts, and to prepare for updates to media organizations in coordination with federal partners.
- Coordinating all pandemic influenza media messages with IHS and ADHS to ensure consistency with statewide and national messages.
- Promptly responding to rumors and inaccurate information to minimize concern, social disruption, and stigmatization.

### **3.0 Summary**

It is critical that tribal governments plan in advance so that pandemic response activities can be efficiently carried out in the event of an influenza pandemic. The development of this Influenza Pandemic Response Plan can help promote an effective response throughout the pandemic and lessen the impact of the pandemic.

**Table 1. \_\_\_\_\_ Nation Vaccine Distribution Worksheet**

Tiers	Pandemic Priority Groups	Estimated Population		
		U.S.	Arizona Pop.	_____ Nation
ALL	Total Population	312,000,000	5,832,150	
1A	Medical workers and public health workers w/direct patient care	~ 8 – 9 million	~160,000 – 180,000	
1B	Persons $\geq$ 65 years w/ 1 or more high-risk conditions	~ 18.2 million	~364,000	
1B	Persons 6 months to 64 w/ 2 or more high-risk conditions	~ 6.9 million	~138,000	
1B	Persons 6 months or older w/ history of hospitalization for pneumonia or influenza in past year	~ 740,000	~14,800	
1C	Pregnant women	~ 30 million	~ 600,000	
1C	Household contacts of severely immuno-compromised persons who could not receive vaccine	~ 2.7 million	~ 54,000	
1C	Household contact of children < 6 months olds	~ 5.0 million	~100,000	
1D	Public health emergency response workers critical to pandemic response	~ 150,000	~ 3,000	
1D	Key government leaders	TBD	TBD	
2A	Healthy persons 65 years and older	~ 17.7 million	~ 354,000	
2A	Persons 6 months to 64 years of age w/1 high-risk condition	~ 35.8 million	~716,000	
2A	Healthy children 6 – 23 months olds	~ 5.6 million	~112,000	
2B	Other public health emergency responders	~ 300,000	~6,000	
2B	Public safety workers including police, fire, 911 dispatchers, and correctional facility staff	2.99 million	59,800	
2B	Utility workers essential for maintenance of power, water, and sewage	364,000	7,280	
2B	Transportation workers transporting fuel, water, food, and medical supplies	3.8 million	72,000	
2B	Telecommunications/IT for essential network operations and maintenance	1.08 million	21,600	
3	Other key government health decision-makers	TBD	TBD	
3	Directors/embalmers	62,000	1,240	
4	Healthy persons 2-64 years not included in other categories	~179.3 million	~3,026,630	

**Table 2. \_\_\_\_\_ Nation's Priority Groups for Antiviral Use during an Influenza Pandemic**

	Priority Group	Strategy	Estimated Population		Rationale
			AZ	Tribe	
1	Patients admitted to hospital	Treat	200,000		Treat those seriously ill and most likely to die
2	HCWs with direct patient care and EMS	Treat	184,000		HCWs needed for medical care
3	Highest risk outpatients: Pregnant women; immuno-compromised	Treat	50,000		Highest risk of hospitalization and death; hard to protect immuno-compromised by vaccine
4	Pandemic health responders, Public Safety, Government decision-makers	Treat	66,000		Critical for effective public health response
5	Increased risk patients: Ages 12-23 mos., ≥65 yrs.; underlying medical conditions	Treat	1,710,000		High risk for hospitalization and death
6	Outbreak response	Post Exposure Prophyl.	~ 40,000		Treatment and prophylaxis to contacts stop outbreaks
7	HCWs in emergency departments, ICU, EMS, dialysis centers	Prophyl.	240,000		Most critical to prevent absenteeism and surge capacity response
8	Pandemic societal responders and HCWs without direct patient contact	Treat	204,000		Impact on maintaining health, implementing pandemic response, maintaining societal functions
9	Other outpatients	Treat	3,600,000		Those who develop influenza and do not fit in about groups
10	Highest risk outpatients	Prophyl.	50,000		Prevents illness in highest risk groups
11	Other HCWs with direct patient contact	Prophyl.	160,000		Reduce absenteeism and preserve optimal health care response

Note: This does not include calculations for family members of high priority or high-risk individuals