

**EMERGENCY SUPPORT FUNCTION (ESF) 8
PUBLIC HEALTH AND MEDICAL SERVICES**

APPENDIX 4

PANDEMIC INFLUENZA PLAN

PRIMARY AGENCY: Washington State Department of Health

SUPPORT AGENCIES: Washington State Military Dept
Emergency Management Division
Washington National Guard
Washington State Department of Agriculture
Washington State Department of General Administration
Washington State Department of Information Services
Washington State Office of Financial Management
Washington State Department of Social and Health Services
Washington State Department of Personnel
Washington State Attorney General's Office
Washington State Patrol
Washington State Office of the Superintendent of Public Instruction

I. INTRODUCTION

A. Mission

Minimize the impacts of a large scale outbreak (pandemic) in Washington State of a novel strain of influenza for which humans have no immunity.

B. Purpose

This Appendix is designed to guide a coordinated state government response in support of local jurisdictions responding to an influenza pandemic. It is further intended to provide guidance and direction to state agencies on maintenance of critical governmental functions during an influenza pandemic.

C. Scope

This Appendix delineates the critical response activities of key state agencies during an influenza pandemic. Response activities of the lead state agency (Department of Health) and those state agencies with a supporting response role are highlighted. It is intended to be used in conjunction with other supporting plans including the Department of Health's Communicable Disease Emergency Response Plan, the State Comprehensive Emergency Management Plan and ESF8, the US Dept of Health and Human Service's Pandemic Influenza Plan, and local Pandemic Influenza Response Plans.

II. POLICIES

A. Authorities

(See State CEMP Basic Plan, Department of Health CEMP, and ESF 8, basic ESF and Appendices 1 through 3).

B. Limitations

The State's goal is to minimize the impact of an influenza pandemic on the people of Washington State. However, because of the nature of the hazard, state resources may become overwhelmed in a catastrophic event. This appendix in no way implies that a completely successful response will be practical or possible.

III. SITUATION

A. The Hazard: INFLUENZA

1. Influenza is a communicable viral infection that affects 5-20% of the population annually in the United States, resulting in over 200,000 hospitalizations and 36,000 deaths. Influenza causes upper respiratory tract infections with fever, muscle aches, headache, fatigue, dry cough and runny nose. Complications of influenza may be life-threatening and include viral and bacterial pneumonia. The virus is spread through close contact and by respiratory droplets, such as those produced by a cough or sneeze. Each year, a vaccine is developed that effectively provides protection against the influenza viruses that are circulating that season ("seasonal influenza").
2. Pandemic influenza occurs when a new or "novel" influenza virus appears. A novel virus can develop when a virulent influenza strain that normally infects birds or animals infects a human who has influenza; the two viruses can exchange genetic material, creating a new, virulent influenza virus that can be spread easily from person-to-person. Unlike seasonal influenza, no one would be immune to this new influenza virus, which would spread quickly, resulting in widespread epidemic disease, also called a pandemic.

Table 1. Phases of Pandemic Influenza

Phase		Definition
Interpandemic Period	Phase 1	No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low.
	Phase 2	No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.
Pandemic Alert Period	Phase 3	Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.
	Phase 4	Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.
	Phase 5	Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).
Pandemic Period	Phase 6	Increased and sustained transmission in general population.
	Phase 6a	Pandemic influenza affecting the Pacific Northwest region

B. Estimated Impact on Washington State

1. Pandemic influenza will occur in waves over an extended period of time. A wave can last from 6 to 8 weeks. At least two waves are likely. Outside resources may be unavailable as pandemic influenza will affect many regions simultaneously.
2. Estimates are that a pandemic influenza would cause more than 200,000 deaths nationwide with as many as 5,000 fatalities in Washington. Our state could expect 2,000-24,000 people needing hospital stays and 480,000-1,119,000 people requiring outpatient visits. During a severe pandemic these numbers could be much higher with as many as 40,000 deaths.

C. Planning Assumptions

1. No one will have a pre-existing immunity to the pandemic influenza strain; everyone is at risk to become ill from it. Typically 25 to 35% of people will develop symptoms.

2. The annual influenza vaccination would have little or no effectiveness against a new strain of influenza, but vaccination reduces the risk that bird or animal and human influenza could occur in the same person.
3. Vaccine effective against the novel virus will take several months to develop. A priming vaccine based on a similar prepandemic influenza strain may be available.
4. Other infection control measures and antiviral medications may minimize influenza transmission and illness but the supply of antivirals is likely to be severely limited.
5. Health care systems will be seriously affected during a pandemic due to increased outpatient visits, hospital admissions and requirements for intensive care and isolation facilities.
6. Shortages of staff and resources (hospital beds, pharmaceuticals, respiratory therapy equipment, and medical supplies) will have a significant impact on the ability of the system to respond.
7. The U.S. Department of Health and Human Services (HHS) has provided guidelines on purchase and distribution of vaccines and antiviral medications.
 - a. HHS in concert with federal partners will work with the pharmaceutical industry to procure vaccine directed against the pandemic strain.
 - b. HHS will distribute vaccine to the State Department of Health for pre-determined priority groups based on pre-approved state plans. (Refer to Department of Health, CEMP, Communicable Disease Emergency Response Plan)
 - c. Antiviral medications that are delivered from the Strategic National Stockpile, any potential state stockpiles and from other sources will be distributed based on priority groups established by the Department of Health's Communicable Disease Emergency Response Plan.
8. Pandemic influenza will have a severe impact on critical public and private services, and protection of essential personnel will have to be reflected in priority groups targeted for vaccine and antivirals.
9. Healthcare systems will be overwhelmed by pandemic influenza
 - a. In the early stages of the pandemic, shifting of state resources from one location in the state to another may help provide surge capacity.
 - b. As the pandemic spreads statewide, shifting healthcare personnel to another location may no longer be feasible, and medical equipment and supplies are likely to be depleted.
 - c. Federal resources may not be available.
10. A strong public reaction to pandemic influenza is likely, and will require extensive risk communication and public health and safety measures.
11. If spread is imminent or occurring in Washington State (Pandemic influenza Phase 6a) the Governor will declare an emergency.

12. A large scale pandemic is likely to have a severe negative effect on the economy of the State.
13. State agencies have or will be developing continuity of operations plans to ensure that their most critical governmental services can be provided with substantially reduced staff.
14. Federal health and medical resources are likely to be in very limited supply or non-existent if the pandemic is nationwide.

IV. CONCEPT OF OPERATIONS

A. General

(Per ESF 8)

B. Direction and Control

1. As the pandemic approaches Washington State (Pandemic influenza Phase 6a) the State and Department of Health EOC's will be activated. Overall operations will be directed and controlled from the State EOC. The appropriate ESF 8 support agencies will also be directed to report to the State EOC.
2. The DOH EOC in Tumwater and DOH Shoreline Incident Command Post will be activated in support of the State EOC.
3. The State Health Officer or alternate will be dispatched to the Policy Room at the State EOC to provide health and medical guidance during the response. This individual will provide specific health related guidance and impact analysis to the Disaster Manager and other members of the Policy Group.
4. Policy decisions and major resource allocation decisions in response to pandemic influenza will be made by the Policy Group at the State EOC. As necessary, recommendations will be made to the Governor for final decisions.

C. Mitigation and Preparedness Activities

1. Infection control practices, including Cough Etiquette/ Respiratory Hygiene and the use of hand washing and/or hand sanitizers, will decrease the spread of the virus throughout all phases of the pandemic.
2. Enhanced disease surveillance is needed to identify the pandemic early in its course and to map the spread of influenza. This will be conducted by local health jurisdictions with the support of the State Department of Health.
3. Pro-active coordinated risk communication and public education about individual and collective actions which can be taken to reduce the impact of influenza are key mitigation components and will begin well in advance

of the onset of widespread influenza in the state.

4. Public and private organizations providing critical services will need to develop robust continuity of operations plans to ensure that essential services can be provided under reduced staffing conditions.
5. The Department of Health may consider stockpiling antiviral medications, if available, for people who provide vital services and those in high-risk groups as determined by federal recommendations. At present, the State Department of Health is planning to rely primarily on the Federal Strategic National Stockpile as its primary source for obtaining influenza antivirals.

D. Response Activities

1. Local health jurisdictions have primary responsibility to respond to pandemic influenza. The State Department of Health provides technical expertise and resources to local health jurisdictions to support them in their response activities. Additionally the Secretary of the Dept of Health has statutory authority to intervene and assume local public health responsibilities if the local health department is unable to perform its functions.
2. Isolation and quarantine may be useful in slowing the transmission of influenza early in its spread when small clusters of illness arise in well-defined geographic areas but will probably not be effective in slowing transmission as the pandemic becomes more widespread.
3. Community containment measures such as canceling public events, closing recreational facilities and declaration of "Snow Days" (closure of public places including schools, businesses and mass transit as if a large snow storm has occurred) may decrease the rate of transmission during the pandemic. Other activities would include working with federal officials to screen travelers from areas where the influenza is occurring and issuing travel alerts or restrictions.
4. The Strategic National Stockpile will be requested to obtain emergency supplies and medications (refer to Appendix 1 of ESF 8).
5. Antiviral medications, such as oseltamivir (Tamiflu) may shorten the duration of illness and prevent spread of the virus.
 - a. During the pandemic antivirals will most often be used for treatment of influenza rather than prophylaxis due to supply limitations.
 - b. There may be a limited role late in the early stages of the pandemic for prophylaxis when antivirals can be used with isolation and quarantine to contain clusters.
6. Vaccine
 - a. Vaccine for pandemic influenza strain is unlikely to be available for at least six months. When available, vaccine for the pandemic influenza strain will minimize transmission, severity of illness and mortality. Availability is unknown at present.
 - b. Use of the seasonal influenza vaccine will continue to be encouraged

as it will help minimize the ability of an avian or animal influenza to combine with a human influenza virus.

7. Healthcare system planning for surge capacity and reallocation of resources will be required.
 - a. Because hospitals are likely to be overwhelmed with patients, alternate care sites, such as neighborhood emergency health centers and temporary acute care centers (additional sites set up to divert patients from hospitals) and triage/referral points, may be needed to reduce the impact on hospitals.
 - b. There will be increased demand for ICU and acute care beds for patients hospitalized with complications of influenza.
 - c. There will be increased demand for trained medical, nursing and other health care workers to staff both hospitals and alternate care sites.
 - d. There will be increased use of both durable and expendable medical equipment, supplies and pharmaceuticals.
8. Local coroners and funeral homes may need to be prepared to deal with large increases in the number of deceased individuals they must process. (refer to ESF8, Appendix 3, Mass Fatality Management)

V. RESPONSIBILITIES

A. Purpose

State agencies will have two major missions during an influenza pandemic. First, state agencies will need to develop continuity of operations plans so that they can continue to provide their most critical public services even though impacted directly by the pandemic. Second, they must provide state resources and assistance to state government, local jurisdictions, tribes and other public and private organizations through the State EOC. State Agency responsibilities in a pandemic situation are outlined below.

B. Agency or Other Department Responsibilities

1. **Department of Health** (Refer to Washington State CEMP Basic Plan for core responsibilities).

The Department of Health is the lead state agency for coordinating response to an influenza pandemic. Key responsibilities are as follows:

- a. The Department will work with federal and local health officials throughout the pandemic to conduct disease monitoring and surveillance. This will include statewide monitoring, tracking, and investigation of illnesses and deaths causes by influenza.
- b. DOH will be in regular communications with international, federal, state, regional, tribal and local partners to ensure coordination of surveillance and response activities.

- c. Large scale, pro-active risk communication and public education campaigns will be conducted to inform the public about the threat and educate them on the most effective personal strategies to help prevent, limit the spread, or deal with the onset of influenza.
- d. The agency may pursue limited stockpiling of influenza antivirals if they are available.
- e. If it appears that the virus may potentially enter Washington State from another country, the Department of Health will work with federal health officials to screen travelers from areas where the influenza is occurring. This would also include issuing travel alerts or restrictions.
- f. DOH will work with local agencies and other governmental/private/non-profit health care providers to help identify alternate healthcare facilities and referral sites including non-healthcare facilities that could be used to help support containment or treatment needs.
- g. If a large scale outbreak appears eminent DOH will activate its Emergency Operations Center and send representatives to the State EOC at Camp Murray.
- h. As necessary the Department, through the State EOC will request antivirals, medical supplies, and when available, vaccines through the Strategic National Stockpile. These will be delivered to local health jurisdictions and healthcare providers as needed. It is likely that supplies will be limited and apportionment will probably be necessary.
- i. Throughout the pandemic DOH will provide expertise and assistance to local health jurisdictions as they respond within their borders. This would include among others, providing advice on containment strategies such as limiting large gatherings, isolating or quarantining citizens, and recommending school or business closures. The Department will continually review and evaluate the effectiveness of medications and emergency strategies.
- j. Once influenza becomes pandemic in Washington State, the Department will recommend that the Governor declare a State of Emergency and will fully activate all agency emergency response procedures. This will include activation of the agency Continuity of Operations Plan to ensure that sufficient staff will be available to carry out emergency operations and that sufficient staff are in place to carry out the Department's pre-determined critical functions.
- k. DOH will provide laboratory facilities for influenza identification and serve as liaison to the Centers for Disease Control and Prevention.
- l. DOH will coordinate statewide distribution of antivirals or vaccine whether from the Strategic National Stockpile or other stockpiles and supply sources. This will include prioritizing medical and other supplies and monitoring medication safety.
- m. The Department will provide public health expertise and advice in the State EOC.
- n. DOH will work closely with the State Department of Agriculture regarding the human impact of avian or animal influenza.
- o. DOH will activate its Continuity of Operations Plan to ensure the provision of critical services.

2. **Washington State Military Department**
 - a. **Emergency Management Division** (Refer to CEMP Basic Plan p. 32 for Core Responsibilities)
 - i. In a pandemic influenza situation EMD would be responsible for maintaining and operating the State EOC in compliance with the National Incident Management System for use by state agencies and other organizations. A representative from EMD would serve as Disaster Manager with the State Health Officer or alternate providing policy guidance and recommendations in the Policy Room at the State EOC.
 - ii. EMD will provide logistical support in helping to obtain non-traditional health resources such as refrigerated trucks to temporarily store human remains should local morgues and funeral homes become overwhelmed.
 - iii. As necessary EMD will activate the Emergency Alert System to provide alert and warning messages to the public. The Department of Health will assist by providing language for alert messages.
 - iv. In conjunction with the Dept of Health and other agencies, EMD will participate in a Joint Information Center to provide consistent messaging to the media and public on response efforts and personal protection.
 - v. EMD will prepare and process the Governor's Declaration of Emergency once the pandemic is confirmed in Washington State and the situation reaches emergency conditions.
 - vi. EMD will activate its Continuity of Operations Plan to ensure the provision of critical services.
 - b. **Washington National Guard** (See CEMP, Basic Plan, for core responsibilities).
 - i. Provides supplementary security forces at the SNS Reception, Staging, and Storage facility, PODS(points of dispensing), or at healthcare facilities such as hospitals.
 - ii. Provides traffic, crowd, or access control at critical facilities in support of local law enforcement.
 - iii. Provides limited medical escort assistance and limited medical care as requested.
 - iv. Provides transportation of medical or other needed supplies including air transport if necessary.
 - v. Considers use of National Guard facilities across the state as potential alternate healthcare delivery or triage sites to assist with medical surge issues.
 - vi. Activates agency Continuity of Operations Plan to ensure provision of critical services.
3. **Washington State Dept of Agriculture** (Refer to CEMP Basic Plan, for core Responsibilities).
 - a. The Department of Agriculture assists in providing veterinary services for both living and deceased animals including pets, livestock, and wild or captive animals.
 - b. Agriculture will respond to any animal health event and is the lead state agency for avian influenza. They will continue their role in bird

- and other animal disease surveillance.
- c. The Department will activate the Washington Animal Response Management Team as necessary. The Reserve Veterinary Corps may also be mobilized.
 - d. Agriculture will guide and assist in animal disposal operations in the event that large numbers of diseased animals need to be destroyed.
 - e. Department Epidemiologists may be called upon to provide surge capacity in supplementing the epidemiological efforts of state and local public health agencies.
 - f. Agriculture will train inspection teams to determine the quality of stored food stocks and provide inspection teams to ensure the viability of stored food and water stocks.
 - g. The Department will activate its Continuity of Operations Plan to ensure the provision of critical services.
4. **Washington State Attorney General's Office** (See CEMP, Basic Plan, for core responsibilities)
- a. Conduct legal research on various questions that may arise during a pandemic. This could include, among others, issues related to isolation and quarantine, emergency powers, liability, mutual aid, employment and staffing, emergency rules, and the relative jurisdiction of federal, state and local governments
 - b. Assist programs in state agencies likely to be affected or involved in responding to pandemic influenza
 - c. Coordinate with the judiciary and the private bar on emergency preparedness and response.
 - d. Provide legal review of state agency pandemic influenza response plans
 - e. Activate agency Continuity of Operations Plan to ensure provision of critical services.
5. **Office of Financial Management** (See CEMP, Basic Plan, for core responsibilities).
- a. Prepare for spending related to pandemic preparation and response. This would include evaluating agency spending needs, accessing Governor's Emergency Fund, approving increases in spending authority, and developing Governor's emergency budget requests to the Legislature and approving authorized increases in spending authority.
 - b. Risk management support including maintenance of insurance, processing claims, and providing advice and support to loss prevention activities.
 - c. Maintain the state accounting system to ensure processing and tracking of payments. Track pandemic influenza response costs for possible federal financial assistance. Assist agencies in payment processing or other fiscal operations to remain functional.
 - d. Update expenditure, caseload, and enrollment forecasts under pandemic conditions.
 - e. Assist state agencies with contract development to facilitate emergency contracts for multiple types of services.
 - f. Activate agency Continuity of Operations Plan to ensure provision of

critical services.

6. **Department of General Administration** (See CEMP, Basic Plan, for core responsibilities).
 - a. Assists health and medical response operations by providing support with facilities, personnel, equipment, food and supplies.
 - b. Assists state and local agencies in locating and procuring buildings and facilities for isolating patients and providing alternate medical care outside of existing healthcare facilities such as hospitals.
 - c. Assists the logistician at the State Emergency Operations Center to obtain needed resources.
 - d. In conjunction with the Department of Health coordinates the receipt, staging, storage and transporting of emergency goods, supplies, and equipment during an influenza pandemic. This includes the Strategic National Stockpile, Central Stores, and Surplus Programs.
 - e. Provides expanded motor pool services for the Department of Health or other state agencies needing motor vehicle transportation to respond to the pandemic.
 - f. Activates agency Continuity of Operations Plan to ensure provision of critical services.

7. **Department of Information Services** (See CEMP, Basic Plan for core responsibilities)
 - a. Advises state agencies regarding technology related business recovery planning.
 - b. Ensures that agencies' information technology disaster recovery and business continuity plans are updated annually.
 - c. Assists EMD with monitoring telecommunications system restoration. (See ESF-2 of the State CEMP).
 - d. Assists in information dissemination by providing Internet portal (Access Washington).
 - e. Maintains disaster recovery data processing and telecommunications capability (e.g. hot site, redundant telecommunications routing) for DIS customers to recover critical systems/applications during an emergency.
 - f. Activates agency Continuity of Operations Plan to ensure provision of critical services.

8. **Department of Personnel** (See CEMP, Basic Plan, for core responsibilities)
 - a. Assists in recruitment of employees needed to support critical state government functions during a pandemic. This includes outside recruitment of temporary employees or working with other state agencies to mobilize inter-agency teams necessary to keep critical functions operational.
 - b. Interprets merit system rules during the pandemic and for pre-pandemic planning. Due to anticipated rates of absenteeism and the necessity of non-traditional personnel practices it will be essential that DOP be able to interpret and advise on merit system rules.
 - c. Interprets collective bargaining agreements during the pandemic and for pre-pandemic planning. Due to anticipated rates of absenteeism

- and the necessity of non-traditional employment practices it is essential that DOP be able to interpret and advise state agencies on the provisions contained in collective bargaining agreements.
- d. Activates agency Continuity of Operations Plan to ensure provision of critical services.
9. **Department of Social and Health Services** (See CEMP, Basic Plan, for core responsibilities).
 - a. Ensures the assessment of the mental health needs of citizens resulting from the potentially catastrophic effects of an influenza pandemic. Prior to the pandemic this would include disseminating educational materials and developing assessment tools. During and following the pandemic, these tools would be used to determine mental health needs and direct resources appropriately.
 - b. Provides mental health training materials for emergency workers. This would be done in cooperation with the Dept of Health, the Regional Support Networks, and local health jurisdictions.
 - c. Assists in arranging training for mental health outreach workers across the state.
 - d. In cooperation with the Emergency Management Division, assesses the adequacy of the application for federal crisis counseling funding.
 - e. Addresses emergency worker stress issues and needs through a variety of mechanisms
 - f. Continues to provide financial and other support benefits to those residents receiving aid from various DSHS financial aid programs.
 - g. Assists General Administration in Identifying agency facilities which could potentially be used as alternate care or isolation facilities or which could serve other support functions.
 - h. Activates agency Continuity of Operations Plan to ensure provision of critical services.
 10. **Washington State Patrol** (See CEMP, Basic Plan, for core functions)
 - a. Provides security at the SNS Reception, Staging, and Storage facility and provides over the road security when the SNS is being transported to local health jurisdictions or hospitals.
 - b. Provide transportation of samples to the Public Health Laboratory for analysis
 - c. May provide traffic or access control as necessary in support of local law enforcement agencies.
 - d. Activates agency Continuity of Operations Plan to ensure provision of critical services.
 11. **Office of the Superintendent of Public Instruction**
 - a. Advises state and local public health on the incidence of unusual absenteeism in the schools which may be an indication of an outbreak of influenza.
 - b. Provides information and risk communication to local school districts and private schools on educating school children and their families on helping to prevent, limit and deal with an outbreak of influenza.
 - c. Works with the Dept of Health and local agencies to develop recommendations on when it may be necessary to consider closing

- schools to help contain the spread of influenza.
- d. Advises local school districts on incorporation of local plans with Safe
 - e. Activates agency Continuity of Operations Plan to ensure provision of critical services.

VI. REFERENCES

The following documents are incorporated by reference into this appendix.

- Washington State Department of Health, Comprehensive Emergency Management Plan, Appendix 1, Communicable Disease Emergency Response Plan, Annex 3, Pandemic Influenza Response Plan.
- Washington State Department of Health, Pandemic Influenza, Planning Guide for Washington State Agencies