

PANDEMIC INFLUENZA

PRIMARY AGENCY: Clermont County General Health District (CCGHD)

SUPPORT AGENCIES: All ESF#8 Support Agencies
Clermont Mercy Hospital
Clermont County Office of Public Information (OPI)
Clermont County Sheriff's Office (CCSO)
Local Law Enforcement
Clermont County Government – All Agencies Available
Clermont County Faith Based Organizations

I. INTRODUCTION

A. Purpose

The Pandemic Influenza Response Plan provides guidance for detecting, responding to and controlling an influenza pandemic. The plan was developed with guidance from pandemic influenza plans written by the U.S. Department of Health and Human Services (HHS), Centers for Disease Control and Prevention (CDC), and the Ohio Department of Health (ODH). The goals of the plan are to limit the number of illnesses and deaths, preserve continuity of essential infrastructure, minimize social disruption and minimize economic loss. The plan is meant to coordinate with regional, state, and federal plans. Although this plan is meant to deal specifically with pandemic influenza, it may be modified to deal with other respiratory illnesses.

B. Background

Pandemic influenza refers to a worldwide epidemic due to a new, dramatically different strain of influenza virus. There were three pandemics in the 20th century. The 1918 pandemic was considered severe and killed 500,000 people in the United States; a large number of those were young healthy adults. It is now known that the 1918 pandemic was caused by an avian influenza virus that developed the ability to infect humans and spread person-to-person. Two subsequent pandemics were in 1957-58 and 1968-69 and caused fewer deaths, 70,000 and 34,000 respectively. These pandemics were the result of genetic reassortment between human and avian viruses. Pandemic influenza differs from seasonal influenza in the virility of the virus. Pandemics can occur at various times and have the ability to affect more people due to lack of immunity in the general population. Pandemic strains are new or changed and there is no way to predict the change; therefore, vaccine production prior to an outbreak is difficult.

C. Scope

This plan serves as a supporting tab to the CCGHD Pandemic/Epidemic Annex and Emergency Support Function #8 (ESF#8) Basic Health District Response Plan of the Clermont County General Health District (CCGHD). This plan focuses upon the roles and responsibilities of CCGHD. This plan is written to be compliant with the National Incident Management Systems (NIMS).

II. SITUATION

A. Situation

Pandemic influenza can occur any time a new or changed virus spreads easily person-to-person. A pandemic could start locally or develop in another country and spread to the region.

B. Planning Assumptions

1. Susceptibility to the pandemic influenza subtype will be universal.
2. The clinical disease attack rate is estimated to be 30 % in the overall population. Illness rates will be highest among school-aged children (about 40 %) and decline with age. Among working adults, an average of 20 % will become ill during a community outbreak.
3. Of those that become ill with influenza, 50 % will seek outpatient medical care.
4. There will be overwhelming demands on the healthcare system. Hospitals and clinics will have to modify their operational structure to increase volume. Demand for inpatient beds and ventilators will be exceeded.
5. Shortages in essential resources will occur.
6. The number of hospitalizations and deaths will depend on the virulence of the pandemic virus.
7. We are unable to know in advance how virulent the virus may be.
8. Risk groups for severe and fatal infections cannot be predicted with certainty.
9. The pandemic strain will have the same incubation period as seasonal influenza, average of 2 days.
10. Risk of transmission is the greatest during the first two days of illness.

11. Children will shed the greatest amount of virus and will likely pose the greatest risk for transmission.
12. A pandemic outbreak will last approximately 6 to 8 weeks in a community with two waves likely.
13. Pandemic influenza may not follow the same pattern as seasonal flu and may strike at any time.
14. Outbreaks will be occurring nationwide, therefore federal and state assistance cannot be relied upon.
15. There will likely not be a vaccine available at the start of a pandemic and as vaccine becomes available it will be in short supply.
16. Antiviral drugs will be in limited supply, may be ineffective and will likely be reserved for sick patients.
17. Critical infrastructure may be disrupted including transportation, commerce, utilities, public safety, agriculture and communications.

III. CONCEPT OF OPERATIONS

A. Overview

1. CCGHD will be the lead agency in coordinating the local health and medical response to a pandemic.
2. CCGHD will coordinate response actions with ODH and regional local health jurisdictions.
3. CCGHD will respond under this plan as well as ESF#8 and all applicable annexes and the SWO Regional Response Plan.
4. CCGHD's response actions will emphasize disease surveillance and investigation, social distancing measures to reduce the spread of infection, and providing frequent communication and education to the public about the pandemic, public health's response and steps the public can take to reduce the risk of infection.

B. Direction and Control

1. The public health response will be managed per the guidance and protocols included in this Plan, ESF8 and all applicable annexes and the SWO Regional Response Plan.
2. CCGHD and all response partners will operate under NIMS throughout the duration of the pandemic response.
3. CCGHD will request activation of the EOC to coordinate the county-wide public health and medical response during a pandemic.
4. The CCGHD Department Operation Center (DOC) will be activated at the designation of the Health Commissioner.
5. CCGHD will assess the viability of social distancing measures and establish criteria for their implementation.
6. Upon reaching Pandemic Phase 4 (global) CCGHD will:
 - a. Assess whether to activate the Pandemic Influenza Response Plan and ESF 8 to coordinate the health care system response.
 - b. Provide regular briefings to local elected officials and regional response partners. Briefings will address the nature of the disease, its communicability and virulence, availability of vaccines and antivirals, actions that are being taken to minimize the impact, actions that response partners should implement to protect critical functions, and health information being shared with the public and health care providers.

C. Communications

1. CCGHD in conjunction with the Clermont County PIO will be the lead agency for risk communications and public education regarding pandemic influenza.
2. CCGHD will coordinate regionally and at the state level to provide accurate, consistent and comprehensive information on pandemic influenza.
3. CCGHD will follow the Crisis Communication Annex as set forth in the EOP.

D. Surveillance

1. CCGHD will conduct surveillance according to ESF8, Tab 2: Health Surveillance/ Epidemiology Tab of the EOP as well as surveillance specific to this plan.
2. CCGHD will monitor daily influenza activities including lab reports, reports of influenza like illness (ILI), absenteeism rates and syndromic surveillance data.
3. Surveillance will be coordinated with activities regionally and at the state and federal level.
4. CCGHD will track patient cases and their contacts during the initial appearance of a pandemic and will continue to track cases and contacts throughout the pandemic as feasible and/or required by ODH and CDC.
5. CCGHD will work with clinicians, hospitals, and infectious disease specialists to assist in detection of cases and recommended procedures for testing.

E. Preparedness

Preparedness activities are taken in advance of an influenza pandemic to prevent or temper its impact. Preparedness efforts should occur primarily during pandemic phases 1-3.

CCGHD pre-event preparedness activities include:

1. Planning, exercising, evaluating and revising the Pandemic Influenza Response Plan as well as the entire EOP.
2. Training and equipping CCGHD staff to assure competencies and capacities needed to respond to a pandemic outbreak.
3. Developing strategic partnerships and facilitating preparedness planning with the local hospital, non-hospital-based health care providers and agencies, other health care system stakeholders, and local, state and federal response agencies and their staff.
4. Educating response partners, the media and the public about the consequences of influenza pandemics and recommended preparedness measures.
5. Informing and updating local elected officials about the potential impacts of an influenza pandemic on essential services and infrastructure within Clermont County.

F. Public Education

CCGHD will lead efforts in public education and encourage government, businesses, schools, health care systems, community based organizations and other agencies to educate their staff and develop their own plans; coordinate educational messages with CDC, ODH, and regional public health partners. Education will occur during all phases of a pandemic and may include any of the following elements:

- Dissemination of printed and web based information;
- Use of radio, television, and print media;
- Use of CCGHD hotline;
- Presentations to community stakeholders and interested groups; and
- Dissemination of materials at community events and health fairs.

G. Vaccine and Antiviral Medications

Vaccine serves as the most effective preventive strategy against outbreaks of influenza, including pandemics. A pandemic strain could be detected at any time, and production of vaccine could take six months after the virus first emerges. The target population for vaccination will ultimately include the entire U.S. population. It is expected that demand for vaccine will initially outstrip supply and administration of limited vaccine will need to be prioritized based on national guidelines and in consultation with ODH and CDC. It is likely that two doses of vaccine occurring two to four weeks apart will be required. Vaccine will be distributed according to the Strategic National Stockpile (SNS)/Mass Prophylaxis Plan.

Antiviral medications may be useful for controlling and preventing influenza prior to the availability of vaccines. However, there is a limited supply of antiviral drugs effective against pandemic strains. Antiviral medications will likely be distributed to the ill during a pandemic and are unlikely to be used as a preventive except in the initial outbreak areas.

H. Isolation and Quarantine

1. During all phases of a pandemic, person's ill with influenza will be directed to remain in isolation in health care settings or at home, to the extent possible.
2. Hospitals will implement isolation protocols for all patients suspected of being infected with pandemic influenza.
3. Once person-to-person transmission is established locally, quarantine of individuals exposed to influenza cases will be of limited value in preventing further spread of the disease.

4. Quarantine of contacts of influenza cases may be beneficial during the earliest phases of a pandemic, and in response to an influenza virus that has not achieved the ability to spread easily from person-to-person.
5. Quarantine and Isolation will be conducted according to the Quarantine and Isolation Annex of the CCGHD EOP.

I. Social Distancing Strategies

Social distancing strategies are non-medical measures intended to reduce the spread of disease from person-to-person by discouraging or preventing people from coming in close contact with each other. These strategies could include closing public and private schools, colleges and universities; closing non-essential government functions; implementing emergency staffing plans for the public and private sector including increasing telecommuting, flex scheduling and other options; and closing public gathering places including stadiums, theaters, churches, community centers and other facilities.

The effectiveness of social distancing strategies is not known with certainty, nor is the degree of public compliance with measures that is necessary for success. Implementation of social distancing strategies in Clermont County may create social disruption and significant, long-term economic impacts. It is unknown how the public will respond to these measures. It is assumed that social distancing strategies must be applied on a county-wide or state-wide basis in order to maximize effectiveness.

The Health Commissioner will make the determination on when to implement social distancing strategies based on the nature of the pandemic and state and national guidance.

J. Medical Surge

A severe influenza pandemic is expected to significantly increase the demand for health care services at a time when the availability of health care workers will be reduced due to illness. In a severe pandemic, the imbalance between supply and demand is likely to overwhelm the current health care system capacity and necessitate implementation of alternate strategies to manage the demand on health system resources.

During a pandemic health care delivery system partners may need to:

- Prioritize patients, cancel elective procedures, and implement surge and diversion protocols;
- Take steps to increase hospital bed capacity to care for large numbers of influenza patients;
- Address critical shortfalls in staff by using volunteers or reassigning job duties;
- Implement pandemic-specific patient triage and management procedures; and

- Provide alternative mechanisms for patients to address non-urgent health care needs such as telephone and internet-based consultation.

During a pandemic, alternate care facilities may be identified and activated to provide additional health care system medical surge capacity. These facilities would add to the existing bed capacity in the county and provide supportive care to influenza patients, or could serve as triage facilities to relieve the burden on hospital emergency departments. Locating, staffing and supplying these sites will be accomplished through a coordinated effort between public health, local hospitals, and local emergency managers. Volunteers will be coordinated through the Tri-State Medical Reserve Corps (TMRC) and the Clermont County Citizen Corps (CCCC).

K. Fatality Management

CCGHD will coordinate with the Clermont County Coroner's Office (CCCO). CCCO has a Mass Fatality Management Plan in place. At the height of a pandemic measures may have to be taken to ensure proper handling of the deceased including identification, personal effects, and burial. The capacity of the hospital morgue will likely be exceeded. The pandemic will likely be effecting the region simultaneously therefore, temperature controlled space may need to be acquired. Additionally, due to the increased number of burials, visitations and services may need to be suspended.

L. Mental Health

CCGHD will work with the Clermont County Mental Health Recovery Board (MHRB) on assessing the mental health needs of first responders and the community. MHRB personnel could be utilized early in a pandemic to assist with hotline information and assessing anticipated mental health needs. MHRB personnel will also be stationed at SNS/Mass Prophylaxis sites to deal with staff, volunteer, and community mental health issues related to a pandemic.

M. Recovery

Recovery will begin when response activities outlined in the CCGHD EOP are deemed as no longer necessary or have been formally and/or indefinitely suspended. After-Action Reports (AAR) will be prepared to evaluate the CCGHD response to determine any amendments to this plan or any other portions of the EOP.

IV. RESPONSIBILITIES

Responsibilities during a pandemic are designed to follow the World Health Organization (WHO) Pandemic Influenza Phases Outlined below:

Interpandemic and Pandemic Alert Period Phases 1, 2, 3 and 4, 5 (outside U.S.)	Pandemic Alert Period and Pandemic Period Phase 4, 5 (inside U.S.) and 6
<p>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 low.</p> <p>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.</p> <p>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.</p> <p>Phase 4 (outside U.S.) – Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.</p> <p>Phase 5 (outside U.S.) – Larger cluster(s) but human-to-human spread is localized, suggesting that the virus is becoming increasingly better adapted to humans but may not yet be fully transmissible (substantial pandemic risk)</p>	<p>Phase 4 (inside U.S.) - Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.</p> <p>Phase 5 (inside U.S.) – Larger cluster(s) but human-to-human spread is localized, suggesting that the virus is becoming increasingly better adapted to humans but may not yet be fully transmissible (substantial pandemic risk)</p> <p>Phase 6 – Pandemic is declared. Increased and sustained transmission in the general population.</p>

A. Overview

Public Health Responsibilities – All Phases
<p>Lead a countywide health education campaign for pandemic response.</p> <p>Coordinate the community’s emergency public health response through Emergency Support Function 8 (Health and Medical Services), and the Regional Disaster Plan.</p> <p>Provide effective communications to the public, the media, elected officials, health care providers, business and community leaders throughout public health emergencies.</p> <p>Conduct county-wide surveillance to track the spread of the human disease and its impact on the community. Facilitate influenza surveillance in animals in Clermont County with direction from the Ohio Department of Agriculture and Ohio Department of Natural Resources.</p> <p>Provide guidance to health care system partners on clinical management and infection control.</p> <p>Coordinate planning for and implementation of disease containment strategies in coordination with local authorities.</p> <p>Develop and implement protocols for prioritizing the use of limited supplies of influenza vaccine and antiviral medicines.</p> <p>Initiate and direct mass vaccination efforts when vaccine becomes available.</p> <p>Lead efforts to strengthen support, outreach and training for vulnerable populations in Clermont County.</p>
CCGHD Health Commissioner/Incident Commander
<p>Authorize and communicate public health directives regarding social distancing strategies and other protective actions to elected leaders, the business community, schools, the health care coalition and other partners.</p> <p>Assign responsibilities for planning and responding to the pandemic.</p> <p>Ensure business continuity of critical CCGHD functions during all phases of the pandemic.</p> <p>Collaborate with the Board of Health on isolation and quarantine of individuals and groups, as needed, based on recommendations from the Medical Director, Communicable Disease Nurse, and Epidemiologist.</p> <p>Assess the need to reprioritize Department functions and direct the mobilization of staff to meet emerging needs of the pandemic.</p> <p>Work with the Clermont County PIO to develop and disseminate risk communications messages to the public.</p>

<p>Communicable Disease Control/Epidemiology/Immunization</p> <p>Carry out countywide surveillance, epidemiological investigation and disease control activities.</p> <p>Provide information and technical support on surveillance, epidemiology and clinical issues, including case identification, diagnosis, management, and infection control to health care providers and facilities.</p> <p>Recommend clinical decisions regarding individual and group isolation and quarantine to Health Commissioner.</p> <p>Advise the Health Commissioner regarding the medical need for and benefit of social distancing measures.</p> <p>Coordinate receipt of vaccine for mass immunization.</p> <p>Develop protocols for prioritizing supplies of antiviral medicines and vaccines in Clermont County with guidance from ODH and CDC.</p> <p>Assist PIO in development of risk communications messages for the public concerning prevention, transmission and vaccination.</p>
<p>Public Information Officer (PIO)</p> <p>Provide accurate, timely information to the public regarding preparations for a pandemic, the impacts of the outbreak and local response actions.</p> <p>Educate the public on how they can protect themselves from becoming infected and infecting others.</p> <p>Activate and direct the management of public information hotline focused on providing health information to the public.</p> <p>Coordinate with other PIO's in the region to ensure information disseminated to the public is accurate and consistent.</p>
<p>Preparedness</p> <p>Coordinate countywide pandemic planning, education and outreach efforts with:</p> <ul style="list-style-type: none"> - School systems - Business community - Community based organizations - Local Governments - Faith Based Organizations

Coordinate with economic development agencies and chambers of commerce regarding the economic consequences of a pandemic.

Coordinate pandemic planning and preparedness efforts for CCGHD in conjunction with local, state and federal response partners.

Conduct training, drills and evaluated exercises to enhance CCGHD’s readiness to respond to a pandemic.

Coordinate planning and response activities with hospitals and community health clinics.

Advise the Health Commissioner regarding the potential social and economic impacts of social distancing measures, and the extent to which implementation of such measures is feasible.

Coordinate department-wide business continuity efforts specific to the potential impacts of a pandemic.

Facilitate pandemic planning and response activities with countywide EMS providers, 911 dispatch centers and Mercy Clermont Hospital.

Clermont County Coroner’s Office (CCCO)

Lead mass fatality planning and response efforts.

Coordinate with and support hospitals regarding mass fatalities planning and response.

Incorporate funeral home directors into planning efforts for pandemic response.

In conjunction with community partners, coordinate planning and development of family assistance centers.

Activate mass fatalities plans when necessary

Mental Health & Recovery Board (MHRB)

Assess the mental health status of first responders and the community as a pandemic occurs.

Establish a mental health hotline for members of the community.

Provide mental health counseling to those in need.

Provide mental health support at SNS/Mass Prophylaxis sites.

<p>CCGHD Environmental Health</p> <p>Assist in surveillance for animal influenza viruses through liaison with the State Departments of Agriculture and Ohio Department of Natural Resources.</p> <p>Assist PIO to develop and disseminate risk communications messages to the public concerning zoonotic influenza virus transmission, food safety, and animal waste disposal issues.</p>
<p>All CCGHD Divisions</p> <p>Identify mission critical functions that must be maintained during all hazards including a pandemic.</p> <p>Identify staff that can be cross trained to perform emergency response functions.</p> <p>Identify functions that could be temporarily discontinued or performed via telecommuting for several weeks.</p> <p>Be prepared to mobilize all necessary staff to support the Clermont County pandemic influenza response, as directed by the Incident Commander.</p>

B. Direction and Control

<p>Interpandemic and Pandemic Alert Period Phases 1, 2, 3 and 4, 5 (outside U.S.)</p>	<p>Pandemic Alert Period and Pandemic Period Phase 4, 5 (inside U.S.) and 6</p>
<p>CCGHD will lead public health preparedness efforts and countywide education efforts for pandemic response.</p>	<p>Assess when to activate the Pandemic Influenza Response Plan and ESF 8 to coordinate the public health response.</p> <p>Provide regular briefings to Clermont County elected officials, and regional response partners. Briefings will address the nature of the disease, its communicability and virulence, availability of vaccines and antivirals, actions that are being taken to minimize the impact, actions that response partners should implement to protect critical functions, and health information being shared with the public and health care providers.</p>

C. Communications

Interpandemic and Pandemic Alert Period Phases 1, 2, 3 and 4, 5 (outside U.S.)	Pandemic Alert Period and Pandemic Period Phase 4, 5 (inside U.S.) and 6
<p>Modify and enhance the Crisis Communication Annex.</p> <p>Assess the information needs of health care providers.</p> <p>Assess the information needs of the general public.</p> <p>Identify any logistical constraints to effective communications, such as communications staffing and equipment needs and public information hotline.</p> <p>Intensify public education efforts about influenza pandemics, animal influenza and steps that can be taken to reduce exposure to infection. Information will be disseminated via web site postings, newspaper editorials, newsletters, flyers, hotline, blast fax, mass e-mail, local cable station, television and radio broadcasts.</p> <p>Coordinate with CDC, ODH, and Southwest Response Partners to develop common health messages and education materials.</p> <p>CCGHD will educate providers, public officials, businesses and emergency responders about influenza pandemics and steps they should take to plan for pandemic outbreaks.</p> <p>CCGDH will look at vulnerable and non-English speaking populations and determine how to disseminate information to them.</p>	<p>CCGHD will implement the crisis communication plan.</p> <p>CCGHD PIO will evaluate the need to establish a Joint Information Center (JIC) in conjunction with appropriate regional response partners. A JIC will be activated when the local Incident Commander(s) deems it necessary based on specific characteristics of the pandemic.</p> <p>CCGHD will post information concerning the pandemic on the hotline and website.</p> <p>The CCGHD PIO will develop public information messages related to health care delivery and other resources (triage centers, call centers, etc).</p> <p>Communicable Disease/Epidemiology will initiate communication briefings with hospital emergency rooms, infection control practitioners, infectious disease specialist and community providers as necessary.</p> <p>CCGHD will communicate with experts at ODH and CDC.</p> <p>CCGHD will conduct regular briefings with key response partners to inform EOC staff, business leaders, community based organizations, first response agencies and critical infrastructure agencies on the status of the pandemic and local response actions.</p> <p>CCGHD PIO/JIC will keep the public informed through regular media briefings about steps that should be taken to protect against infection, treatment options, the status of the spread of the outbreak in the community and the disease control and containment strategies that are being implemented.</p>

D. Surveillance

Interpandemic and Pandemic Alert Period Phases 1, 2, 3 and 4, 5 (outside U.S.)	Pandemic Alert Period and Pandemic Period Phase 4, 5 (inside U.S.) and 6
<p>The CCGHD Communicable Disease Section will conduct influenza tracking activities to include:</p> <ul style="list-style-type: none"> • Review of daily influenza lab reports • Monitoring of school absenteeism and ILI reports in schools • Monitoring reports of ILI in nursing homes • Monitoring of child care absenteeism and ILI reports in child care facilities <p>The CCGHD Communicable Disease Section will coordinate local surveillance activities with the surveillance activities of ODH, CDC, state agencies, and health departments in adjacent jurisdictions.</p> <p>Syndromic surveillance data (to include ED chief complaint data and OTC medication sales in Clermont County and SW Ohio) via RODS will be reviewed and assessed to identify unexpected trends in illness.</p> <p>The CCGHD Communicable Disease Section will work with clinicians, hospitals, and infectious disease specialists to enhance case detection, via implementation of CDC/Department of Health and Human Services screening tools, among persons meeting clinical and/or epidemiological criteria for novel influenza.</p> <p>CCGHD will identify and develop partnerships with key employers within Clermont County to track absenteeism in the event of a flu pandemic.</p>	<p>CCGHD may require health care providers and institutions to report ILI and to send specimens from these cases to the Ohio Department of Health Laboratory for testing, as requested.</p> <p>CCGHD will inform community health care providers regarding recommendations for influenza laboratory testing based on consultation with ODH and CDC.</p> <p>The CCGHD Communicable Disease Section will comply with CDC and the Ohio Department of Health guidelines to facilitate monitoring of the influenza pandemic strain for antiviral resistance.</p> <p>The Communicable Disease Section will track absenteeism and occurrence of ILI with schools and certain sentinel employers, where feasible.</p> <p>The Communicable Disease Section will track patient cases and their contacts during the initial appearance of pandemic influenza within Clermont County, and throughout the pandemic as feasible and/or required by the Ohio Department of Health and CDC.</p>

E. Preparedness

Interpandemic and Pandemic Alert Period Phases 1, 2, 3 and 4, 5 (outside U.S.)	Pandemic Alert Period and Pandemic Period Phase 4, 5 (inside U.S.) and 6
<p>All CCGHD Divisions and sections will:</p> <p>Participate in business continuity planning/training to identify critical functions that must remain operational during a pandemic.</p> <p>Identify CCGHD functions that can be suspended during a pandemic thereby freeing up staff members for reassignment.</p> <p>Participate in ongoing planning efforts to assess skills needed during public health emergencies and identify staff training needs to fill critical positions.</p> <p>Educate government agencies, non-profit organizations and businesses that provide essential community services about the need for continuity planning in advance of a pandemic.</p> <p>Plan, exercise, evaluate and revise the Pandemic Influenza Response Plan.</p> <p>Develop strategic partnerships and facilitate preparedness planning with local, state and federal response agencies and their staff.</p> <p>Educate response partners, the media and the public about the consequences of influenza pandemics and recommended preparedness measures.</p> <p>Inform and update local elected officials about the potential impacts of an influenza pandemic on essential services and infrastructure in Clermont County.</p> <p>Stockpile necessary supplies and equipment that will be needed to respond to an influenza pandemic.</p>	<p>The Health Commissioner/Incident Commander will determine the need to suspend routine operations in order to reassign staff to critical duties. The timing of this decision will be dependent on the characteristics of the pandemic.</p>

F. Public Education

Interpandemic and Pandemic Alert Period Phases 1, 2, 3 and 4, 5 (outside U.S.)	Pandemic Alert Period and Pandemic Period Phase 4, 5 (inside U.S.) and 6
<p>CCGHD will lead efforts to increase outreach to the public and disseminate information to all populations in Clermont County.</p> <p>CCGHD will provide information on pandemic influenza planning to the public via the website, e-mail, local public gatherings, newsletters, cable television, articles and other media outlets.</p>	<p>Disseminate printed and web-based information to the public.</p> <p>Frequent use of radio, television and print media.</p> <p>Coordinate with CDC, ODH, and regional public health partners to ensure consistent messaging.</p> <p>Implement a public information call center with pre-recorded messages providing facts on the current situation and giving guidance.</p>

G. Vaccine and Antiviral Medications

Interpandemic and Pandemic Alert Period Phases 1, 2, 3 and 4, 5 (outside U.S.)	Pandemic Alert Period and Pandemic Period Phase 4, 5 (inside U.S.) and 6
<p>Continue to promote seasonal and pneumococcal vaccine, with an emphasis on high-risk groups.</p> <p>Train clinic staff on Secure Wireless Inventory and Pharmaceutical Emergency Response System (SWIPERS).</p> <p>Utilize SWIPERS in clinics and drills to ensure system is functioning properly and that staff and familiar with their use.</p> <p>Review and update SNS - mass prophylaxis plan.</p> <p>Recruit volunteers for the Medical Reserve Corp.</p> <p>Start to increase supplies for mass prophylaxis clinics during phase 4 and 5.</p>	<p>Monitor vaccine/antiviral development and availability.</p> <p>Monitor updates to vaccination/antiviral recommendations and priority groups (see attachment A for current list of Priority Groups).</p> <p>Ensure plans are in place for needed vaccination including adequate supplies, staffing and volunteers.</p> <p>Prepare to receive, store and transport vaccine as needed.</p> <p>CCGHD will distribute and administer vaccine as soon as possible after receipt according to local priorities and CDC guidelines, including activation of mass vaccination plans as appropriate. Refer to Mass Prophylaxis Annex.</p> <p>Report adverse reactions to the national Vaccine Adverse Event Reporting System (VAERS).</p>

H. Isolation and Quarantine

Interpandemic and Pandemic Alert Period Phases 1, 2, 3 and 4, 5 (outside U.S.)	Pandemic Alert Period and Pandemic Period Phase 4, 5 (inside U.S.) and 6
<p>CCGHD will coordinate planning efforts for isolation and quarantine with ODH, neighboring local health jurisdictions, community based organizations and local law enforcement.</p> <p>CCGHD will follow CDC guidelines in developing and implementing isolation and quarantine procedures for individuals traveling from areas in which a novel influenza virus is present.</p> <p>Travelers from infected regions arriving in the area with influenza like illness will be isolated at home or in a hospital.</p> <p>If testing proves positive contacts of the infected person will be quarantined.</p>	<p>The CCGHD Quarantine and Isolation Plan will be activated as needed to ensure availability of isolation and quarantine facilities and support systems for patients.</p> <p>Persons with suspected or confirmed novel influenza will be isolated for 7 days or until viral shedding is no longer detected. Contacts of ill persons will be quarantined for one incubation period. Once the pandemic is in phase 6, containment measures are less effective, see social distancing strategies and attachment B for a guideline on implementing Protective Measures to reduce the spread of disease.</p> <p>Communicable Disease will coordinate with health care providers and hospitals to ensure that influenza patients are isolated in appropriate facilities based on their medical condition (homes, hospital, alternate care facility).</p> <p>Information will be provided to health care providers and hospitals regarding options for management of health care workers who come in contact with influenza patients including cohorting and working quarantine.</p>

I. Social Distancing Strategies

Interpandemic and Pandemic Alert Period Phases 1, 2, 3 and 4, 5 (outside U.S.)	Pandemic Alert Period and Pandemic Period Phase 4, 5 (inside U.S.) and 6
<p>CCGHD will educate elected officials, government leaders, school officials, response partners, businesses, the media and the public regarding the consequences of pandemics, the use of social distancing strategies, the associated impacts they cause and the process for implementing these measures.</p> <p>CCGHD will work with guidance from ODH and CDC to confirm the decision making process and criteria for recommending social distancing strategies with the elected officials, government leaders, school officials, response partners, businesses, the media and the public.</p>	<p>The Health Commissioner will coordinate with elected officials regarding decision making and implementation of social distancing strategies that are commensurate with the severity of illness and societal impact of the pandemic. (See attachment B for a guideline on implementing Protective Measures)</p> <p>Specific, county-wide strategies that may be identified by the Health Commissioner include:</p> <ul style="list-style-type: none"> - Encourage government agencies and the private sector to implement emergency staffing plans to maintain critical business functions while maximizing the use of telecommuting, flex schedules and alternate work site options. - Encourage the public to use public transit only for essential travel. - Advise Clermont County residents to defer non-essential travel to other areas of the country and the world affected by pandemic influenza outbreaks. - Suspend public events where large numbers of people congregate including sporting events, concerts and parades. - Close libraries, child care centers, churches, theaters, community centers and other places where large groups gather. - Close public and private schools, colleges and universities. - Suspend government functions not involved in pandemic response or involved in maintaining critical continuity functions. <p>CCGHD will monitor the effectiveness of social distancing strategies in controlling the spread of disease and will advise appropriate decision-makers when social distancing strategies should be relaxed or ended.</p>

J. Medical Surge

Interpandemic and Pandemic Alert Period Phases 1, 2, 3 and 4, 5 (outside U.S.)	Pandemic Alert Period and Pandemic Period Phase 4, 5 (inside U.S.) and 6
<p>CCGHD will educate health care providers about influenza pandemics and involve them in community pandemic response planning.</p> <p>CCGHD will work with Mercy Clermont Hospital and primary care providers in their development of pandemic influenza response plans addressing medical surge capacity, triage, infection control, communication and staffing issues.</p> <p>CCGHD will work with health care providers to determine the feasibility of Medical Reserve Corp volunteers to assist in staffing.</p> <p>CCGHD will communicate to local healthcare providers regarding the status of a novel virus and its potential for causing a pandemic.</p>	<p>CCGHD will monitor the impact of a Pandemic on health care facilities and systems.</p> <p>CCGHD, in cooperation with Mercy Clermont Hospital, will evaluate the need for and feasibility of establishing a system separate from hospital emergency departments for patient triage and clinical evaluation.</p> <p>CCGHD in coordination with regional partners and Mercy Clermont Hospital will identify specific facilities within Clermont County to serve as flu triage centers.</p> <p>CCGHD will work regionally to establish a 24-hour telephone hotline to provide information to ill persons regarding illness and accessing health care.</p>

K. Fatality Management

Interpandemic and Pandemic Alert Period Phases 1, 2, 3 and 4, 5 (outside U.S.)	Pandemic Alert Period and Pandemic Period Phase 4, 5 (inside U.S.) and 6
<p>The Clermont County Coroner’s Office (CCCO) will coordinate mass fatality planning efforts with hospitals and funeral homes.</p>	<p>The CCCO may activate the Mass Fatalities Plan. Activation of the plan will be coordinated with hospitals and funeral homes throughout the county.</p> <p>Based on the numbers of actual or anticipated fatalities during a pandemic, the CCCO may implement emergency protocols regarding:</p> <ul style="list-style-type: none"> -Identification and documentation of victims -Activation and management of temporary temperature controlled holding facilities -Release of remains to family members -Temporary internment of mass fatalities -Cremation and burial of mass fatalities

L. Mental Health

Interpandemic and Pandemic Alert Period Phases 1, 2, 3 and 4, 5 (outside U.S.)	Pandemic Alert Period and Pandemic Period Phase 4, 5 (inside U.S.) and 6
<p>The Clermont County MHRB will assess the mental health needs that might be anticipated during a pandemic.</p>	<p>MHRB personnel will:</p> <ul style="list-style-type: none"> - Assess the mental health status of first responders and the community as a pandemic occurs. - Establish a mental health hotline for members of the community. - Provide mental health counseling to those in need. - Provide mental health support at SNS/Mass Prophylaxis sites.

M. Recovery

Interpandemic and Pandemic Alert Period Phases 1, 2, 3 and 4, 5 (outside U.S.)	Pandemic Alert Period and Pandemic Period Phase 4, 5 (inside U.S.) and 6
	<p>Recovery from an influenza pandemic will begin when it is determined that adequate supplies, resources and response system capacity exist to manage ongoing activities without continued assistance from the EOP. In consultation with local leaders, the Health Commissioner will recommend specific actions to be taken to return the government functions to pre-event status.</p> <p>CCGHD will assess the impact of the pandemic on the community’s health as measured by morbidity and mortality and report findings to all response partners.</p> <p>CCGHD will support partners in Clermont County government and the health care and business communities in assessing the economic impact of the pandemic.</p> <p>CCGHD will conduct an after-action evaluation of the pandemic response. The evaluation will include recommendations for amendments to the Pandemic Influenza Response Plan.</p>

Attachment A

Priority Groups for Influenza Vaccination during a Pandemic

Vaccines are administered in sequential order. Tier one will be vaccinated first until the entire tier is done (A-D).

Tier 1	Tier 2	Tier 3	Tier 4
<p>Subtier A</p> <ul style="list-style-type: none"> • Health Care workers providing direct patient care • Personnel providing essential services to direct patient care • Vaccinators 	<p>Subtier A</p> <ul style="list-style-type: none"> • Healthy people ≥ 65 • Health people 6 months to 64 years with 1 high risk condition • Healthy 6-23 months old 	<p>Subtier A</p> <ul style="list-style-type: none"> • Key government health decision makers • Funeral home directors and embalmers 	<p>Subtier A</p> <ul style="list-style-type: none"> • Healthy people 2 to 64 years old
<p>Subtier B</p> <ul style="list-style-type: none"> • High-risk patients ≥ 65 with 1 high risk condition • Patients 6 months to 64 with 2 high risk conditions • Patients ≥ 6 months hospitalized in last year for influenza, pneumonia or a high-risk condition 	<p>Subtier B</p> <ul style="list-style-type: none"> • Other public health emergency responders • Public safety workers including police, fire, 911 dispatchers and correctional staff • Utility workers essential for power, water and sewage systems • Transportation workers transporting fuel, water, food and medical supplies, and public ground transportation • Telecommunications workers for essential network operations and maintenance 		
<p>Subtier C</p> <ul style="list-style-type: none"> • Pregnant women • Household contacts of people who are immune-compromised • Household contacts of children ≤ 6 months 			
<p>Subtier D</p> <ul style="list-style-type: none"> • Public Health emergency responders critical to pandemic response • Key government leaders 			

Attachment B					
Protective Measures to Reduce the Spread of Pandemic Influenza					
Pandemic Phase					
		Phase 1-3	Phase 4-5 Outside U.S.	Phase 4-5 Inside U.S.	Phase 6
Protective Measures	Public Information and Education Campaign				
	Isolation of novel influenza cases				
	Quarantine close contacts of cases				
	Recommend public defer travel to countries impacted by novel strain				
	Close schools, colleges and universities				
	Suspend large gatherings				
	Encourage government and businesses to implement pandemic emergency staffing plans				
Suspend government functions not dedicated to pandemic response or critical continuity					
Encourage use of public transit only for essential travel					
			Implement measures (May have various forms of quarantine and isolation)		
			Consider implementing measure depending on nature of the strain.		